



START DATE:

2011 Camp Registration Form

- Gilbert Arts Academy - 862 E. Elliot Gilbert, AZ 85234
- Liberty Arts Academy - 3015 S Power Rd Mesa, AZ 85212
- Vista Grove Prep. Academy - 2929 E McKellips Rd Mesa AZ 85213
- Spring of Life Christian Church - 1330 S Crismon Rd Mesa AZ 85209

Please use a separate form for each child. Please Print.

How did you hear about us? Prior Camper School Flyer Signage Internet Newspaper Friend

CAMPER INFORMATION

Last Name: _____ First Name: _____ Middle: _____
 Age: (5 thru 12) _____ Gender: M F Date of birth: _____ Grade entering: _____ Child lives with: _____
 Address: _____ City: _____ Zip Code: _____
 Home phone number: () _____ Email: (print clearly) _____
 School currently attending: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

Parent/Guardian Name: _____ Relationship to Child: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

PARENT/GUARDIAN #2

Parent/Guardian Name: _____ Relationship to Child: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

REGISTRATION INFORMATION

(CHECK APPROPRIATE BOXES)

CAMP TYPE	TIMES	DAY	WEEK
<input type="checkbox"/> Full Day	9:00 am-4:00 pm	\$30	\$119
<input type="checkbox"/> Half Day-AM	9:00 am-1:00 pm	\$20	\$65
<input type="checkbox"/> Half Day-PM	12:00 pm-4:00 pm	\$20	\$65
<input type="checkbox"/> Extended Hours-AM	6:30 am-9:00am	(FREE *)	
<input type="checkbox"/> Extended Hours-PM	4:00 pm-6:30 pm	(FREE *)	

(*FREE with Full or Half Day Enrollment)

- Scholarship (ask about eligibility)
- Registration Fee (one-time fee per child) \$25
- Multiple Sibling Discount 10% off Tuition Only
- FREE T- SHIRT with each registration (Additional T's only) \$6

SKORE is not a day care, therefore we do not offer hourly rates.

**SKORE DOES NOT OFFER REFUNDS or
MAKE UP DAYS FOR MISSED CAMP DAYS**

NOTE: PAYMENTS ARE DUE BY FRIDAY PRIOR TO EACH WEEK

CAMP WEEKS

Please check appropriate boxes and circle days attending

- May 31-June 3* M T W T F
- June 6-10 M T W T F
- June 13-17 M T W T F
- June 20-24 M T W T F
- June 27 - July 1 M T W T F
- July 5-8* M T W T F
- July 11-15 M T W T F
- July 18-22 M T W T F
- July 25-29 M T W T F
- August 1-5 M T W T F

***NO CAMP
on
May 30th or July 4th**

How To Make Initial Payment

Step 1: Please figure amount due:

Tuition: _____
 Multiple Sibling Discount 10% - _____
 (10% off tuition ONLY)
 Additional T-Shirt/s: (\$6 Each) _____
 Registration Fee: \$25.00 _____
TOTAL DUE UPON REGISTRATION: _____
TOTAL PAID UPON REGISTRATION: _____

**Step 2: MAIL COMPLETED REGISTRATION(S) &
EMERGENCY/MEDICAL FORMS, WITH CHECK OR
MONEY ORDER TO:**

**SKORE Summer Camps for Kids
P.O. Box 573
Higley, AZ 85236**

**MAKE CHECKS or MONEY ORDERS PAYABLE TO:
SKORE SUMMER CAMPS
CHECKS or MONEY ORDERS ONLY PLEASE!
NO CASH - NO EXCEPTIONS!**

For Office Use Only

____ Registration Forms Completed
 ____ Parent Packet Provided
 ____ Registration Fee Collected
 ____ Tuition Payment Collected
 ____ One Free T-Shirt Provided
 Staff: _____ Date: _____

If you have an extenuating circumstance you must contact the office prior to Monday morning or the staff may not be able to accept your child at check-in time!

I have read and accept the terms of the registration and medical forms:

Parent/Guardian Signature _____

EMERGENCY & MEDICAL INFORMATION

THIS FORM MUST BE COMPLETED FOR YOUR CHILD TO ATTEND CAMP - NO EXCEPTIONS!

Allergies None Yes _____

Medical Needs None Yes _____

Additional Information/Instructions: _____

In case of injury or sudden illness _____ is to be contacted first at (____) _____ - _____. Depending upon the severity of the situation 911 may be called first. I hereby give authority to any hospital, doctor, or EMT to render immediate aid as may be required at the time for my child's health and safety. I accept full responsibility for all expenses incurred as a result of these services.

In case of emergency, or if I cannot be reached to pick up my child, the following people may be contacted:

Name: _____ Ph#: (____) _____ - _____ Relationship: _____

Name: _____ Ph#: (____) _____ - _____ Relationship: _____

Name: _____ Ph#: (____) _____ - _____ Relationship: _____

CONSENT TO TREAT AND RELEASE

I hereby authorize SKORE, Inc., its officers, and employees to take whatever action necessary for the health of my child, including operations and/or hospitalizations. I further agree to hold them, the facility owners, and leasing organizations harmless and indemnify them from all medical bills incurred for the treatment of my child. I hold SKORE, Inc., its officers, and employees, facility owners, and leasing organizations harmless and hereby release them from liability for any injury to my child while attending the camp.

Signature of parent or legal guardian: _____

Printed Name: _____ Date: _____, 2011

PLEASE NOTE: SKORE, Inc. and it's staff will occasionally take photos of children and activities for marketing and promotional purposes, as well as possible arts & crafts class projects. If this is NOT acceptable to you, please submit a signed letter stating you DO NOT want your child's photo taken for any reason by SKORE, Inc., and attach a photo of your child.