

# CHARLOTTE LATIN SUMMER PROGRAMS REGISTRATION

Please complete a separate form for each child or visit [www.charlottelatin.org](http://www.charlottelatin.org) for online registration. Thank you.

### Camper's Information:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Rising Grade Level: \_\_\_\_\_  
 \* Does child reside mainly with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_  
 Present School: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

### Mother's Information:

Name: \_\_\_\_\_  
 Primary Day Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

### Father's Information:

Name: \_\_\_\_\_  
 Primary Day Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

### Medical and Personal Information:

Please list two close relatives or friends as emergency contacts who will assume responsibility for your child, if you cannot be reached:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies (food, medicine, insects, etc.): \_\_\_\_\_

Physical limitations or impairments: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

### Payment Information:

\_\_\_ Check or \_\_\_ Credit Card: \_\_\_ MasterCard \_\_\_ Visa  
 Name on card: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_  
 Signature: \_\_\_\_\_

## CAMP REGISTRATION

Camp Name	Price	Dates	Time	Program#	Boxed Lunch	Boxed Lunch Cost	Bus Service	Bus Service Cost	Sub Total
	\$				Y N		Y N		\$
	\$				Y N		Y N		\$
	\$				Y N		Y N		\$
	\$				Y N		Y N		\$
	\$				Y N		Y N		\$
	\$				Y N		Y N		\$
	\$				Y N		Y N		\$

\* Please call the Summer Programs Office at 704-846-7277 if you need to share or address any custodial concerns.  
 Please see reverse side for further information.

<b>TOTAL</b>
\$



### Summer Program Agreement:

I authorize Charlotte Latin School to contact the persons named as parents or emergency contacts and to authorize the named physician to render such treatment to my child as deemed necessary in an emergency if I am unable to be reached. In the event parents, physician, or other above named contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary. I understand that the school has limited medical and accident insurance for camp participants, the cost of which is included in the camp fees. However, I assume full financial responsibility for emergency medical care for the camp participant while he/she is enrolled in Charlotte Latin School Summer Programs.

Further, this signed statement certifies that my child is medically cleared to participate in the Charlotte Latin School Summer Programs and to participate in all activities as described in the camp descriptions while he/she is enrolled in camp. I also give my son/daughter permission to travel via approved school transportation if required for the camps in which he/she is enrolled.

My child(ren) and I agree to adhere to all of the Summer Programs rules and guidelines set forth by the staff of the Charlotte Latin School Summer Programs. Our family understands that failure to adhere to these rules and guidelines is grounds for dismissal from Summer Programs, without refund of fees or may cause me/we to be billed for additional fees.

I also agree to allow Charlotte Latin School to take photographs of my child(ren) during CLS Summer Programs. I further agree to allow the School to use my child's image in various mediums including, but not limited to, printed materials and the School's web site. (At no time, in any of these mediums, will your child's name be revealed or identified.)

Finally, this agreement is to indicate that I release, hold blameless, and exonerate Charlotte Latin School from any liability that may occur during the use of the Charlotte Latin School Summer Program transportation.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Charlotte Latin School Summer Programs 9502 Providence Road Charlotte, NC 28277

Phone: 704-846-7277

Fax: 704-846-1712