

High Point VILLAGE Summer Camp Registration

Participant Information

Participants Name _____ Age _____ Gender _____ Birth date _____

Shirt Size _____

Primary Disability _____ Allergies _____

Physical Concerns _____ Medications _____

Behavior Concerns _____

Any additional medical or behavioral information you feel we should know:

Parent/Guardian Information

Name of Parent or Legal Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email _____

Emergency Contact Information: In the event of an emergency, and parent/guardian cannot be reached, who should we contact?

Name _____ Relationship _____

Phone _____

If someone besides a parent/guardian will be picking up your participant please list their information below:

Name _____ Primary Phone Number _____

Please check the dates your participant will be attending: *(Reach High Villagers not eligible for Camp Abilities & Gourmet.)*

_____ Camp Abilities: June 17-20 (\$75)

_____ Camp High Point: August 9-11 (\$150)*

_____ Camp Gourmet: July 22-25 (\$50)

_____ Camp Create: August 12-15 (\$50)

Payment is due with registration forms to hold your Villager's spot. *There are a limited number of scholarships available for camp upon request.*

Payment Information:	
\$ _____ TOTAL AMOUNT DUE	
<input type="checkbox"/> Paying with check (CK # _____)	
<input type="checkbox"/> Paying with cash	
<input type="checkbox"/> Paying with credit card	
<input type="checkbox"/> Tuition waiver request	
Date Received: _____	Staff Received by: _____

The camp fees cover just a fraction of supply costs; a contribution toward our camp would be greatly appreciated.

I would like to make a contribution of \$ _____ above the cost of program fees.

**This is an overnight camp that takes place at Plains Baptist Assembly in Floydada, Texas. If you select this camp, there will be a parent meeting with more information on May 20 at 4PM.*