

Xcel Summer 2005 REGISTRATION FORM



Child's Name _____
Last First M.I.

Sex (M/F) _____ DOB ____/____/____ Age _____

Address _____
Street Apt. City State Zip

Parent/ Guardian _____

Phone (Home) _____ (Work) _____ (Cell) _____

Name of School _____ School Grade, Fall 2006 _____

Please enroll my child in the following activities (check all that apply):

<u>Dates</u>	<u>Ages 8-12</u>	<u>Ages 13-15</u>
Week of 7/5-7/8		
Tuesday-Friday	? Boot Camp, 10-12 am ? Sports Camp, 2-5 pm	? Boot Camp, 10-12 am ? Sports Camp, 2-5 pm
Weeks of 7/11 – 8/12		
Monday	? Creative Xpression, 1-2:30	? Creative Xpression, 3-4:30
Tuesday	? Art, 1-2:30	*
Wednesday	? Dance, 1-2:30	? Dance, 3-4:30
Thursday	? Group Club, 1-2:30	? Group Club, 3-4:30
Friday	? Field Trips, 1-6	? Field Trips, 1-6
Mon-Thurs	? Drop-in Hours, 4:30-6	? Drop-in Hours, 4:30-6
* Weeks of 7/11 – 7/29		? Architecture, M, T, Th, 3-4:30
Week of 8/14-20		? Chain Reaction

Does your child suffer from a special disability or disease (HIV/AIDS, Diabetes, Epilepsy, Dislexia, Asthma, ADD, Cancer, etc.)? (Y/N) _____. If yes, please specify: _____

Is the child currently on any medication or other regular treatment that may require supervision? (Y/N) _____. If yes, please specify: _____

Will the child be dropped off at the premises and picked up? (Y/N) _____. If yes please specify the name (s) of the individual (s) with whom the child is allowed to leave the premises: _____

In case of an emergency is Generation Xcel staff permitted to take immediate action, such as calling 911, or accompanying the child to the emergency room or other health care facility? (Y/N) _____

SECONDARY FAMILY MEMBER OR NEIGHBOR TO NOTIFY IN CASE OF EMERGENCY:

Name _____

Emergency Phone _____ Alt. Phone _____

Address _____
Street Apt. City State Zip

Parent/Guardian Signature _____

Date _____