



Brent Woodall Foundation for Exceptional Children Summer Social Skills Camp Sign-up Form

We are very excited to begin this year's Summer Social Skills Camp. There will be four camps each lasting one week (Monday –Thursday). Each camp is for a different age range so please contact Tracy Bender for more information on which camp will be most appropriate for your child. There is also a medical form that needs to be filled out and notarized. Additional paperwork may be required. If you need a notary, our receptionist Anne is a public notary.

My child, _____, will be attending:

- | | |
|--|---|
| <input type="checkbox"/> Camp 1—Ages 5-7
June 21-24 (1:00-4:00) → \$240 | <input type="checkbox"/> Camp 3—Ages 8-12
July 12-15 (4:00-6:00) → \$160 |
| <input type="checkbox"/> Camp 2—Ages 3-5
June 28-July 1 (1:00-4:00) → \$240 | <input type="checkbox"/> Camp 4—Ages 2-4
July 19-22 (1:00-3:00) → \$160 |

Form of payment:

- | | |
|--------------------------------------|-----------------|
| <input type="checkbox"/> Check | Amount \$ _____ |
| <input type="checkbox"/> Cash | Amount \$ _____ |
| <input type="checkbox"/> Credit Card | Amount \$ _____ |

Credit Card Number: _____

Exp. Date: _____ CVC Number (3 digits on back of card): _____

Name of Card Holder: _____

Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to Brent Woodall Foundation.

If there are any questions or concerns, please contact Tracy Bender at tracy@woodallkids.org.

Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/Special Health Considerations

In the event of a medical emergency, I give my permission for the staff at the Brent Woodall Foundation to perform first aid and/or CPR on my child.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Notary Signature</p>	<hr/> <p>Date</p>