



SUMMER CAMP REGISTRATION!

Child's Name _____

Birth Date _____ Age _____ Grade _____

School _____

Parent's Name _____

Address _____

City _____

State, Zip _____

Home Phone _____

Work Phone _____

Emergency Contact _____

Child's Physician _____

Physician's Phone _____

Are there any medical conditions which may require precautions or that we should

know about? (Seizures, heart problems, medications, etc) _____

What are your goals for your child in this program?

Date _____

Signature _____

Session I — June 9, 2003 - June 13, 2003

Days: Monday thru Friday

Time: 10:00 am - 12:00 pm

Ages: 3-6

Fee: \$350.00

Session II — June 16, 2003 - June 20, 2003

Days: Monday thru Friday

Time: 10:00 am - 12:00 pm

Ages: 5-9

Fee: \$350.00

Session III — July 7, 2003 - July 11, 2003

Days: Monday thru Friday

Time: 10:00 am - 12:00 pm

Ages: 3-6

Fee: \$350.00

Session IV — July 14, 2003 - July 18, 2003

Days: Monday thru Friday

Time: 10:00 am - 12:00 pm

Ages: 5-9

Fee: \$350.00

Total Enclosed: \$ _____

**Please return completed registration
form with full payment to:**

Children in Motion

5635 Peachtree Parkway, Suite 160

Norcross, GA 30092

770-798-9844

Fax 770-798-9832

