



GKCEN  
Magical  
SUMMER  
CAMP

## WE ARE PLEASED THAT YOU HAVE DECIDED TO MAKE OUR PROGRAMS PART OF YOUR FAMILY'S SUMMER 2011 PLANS

**HOW TO APPLY** Please complete a separate application for each child. You may photocopy this application.

### PAGE 1

Please completely fill out the information in the household and medical sections. Please read the refund policy and sign the Mandatory Releases.

**Step 1: Household Information**

**Step 2: Medical Information**

**Step 3: Mandatory Releases and Waiver**

*(continued on page 2)*

### PAGE 2

**Step 3: Mandatory Releases and Waiver (cont.)**

**Step 4: Billing and Payment Information** — please completely fill out the billing information and include the required deposit amount. If you are paying by check, please write the child's name and program(s) in the note line. If paying by credit card, please indicate if you would like us to charge the balance on June 1st.

Please include e-mail address for future correspondence and **all** phone numbers requested for emergency contact.

## STEP 3 CONTINUED PHOTOGRAPH RELEASE

**Photograph Release:** I hereby authorize and give full consent to GKCEN Camp to publish and copyright all photographs in which my child appears while enrolled as a student in the summer programs of GKCEN Camp. Children will not be identified by name in photo captions. I agree that GKCEN Camp may use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations, publications, and websites. Additionally, I agree that use of a photograph or photograph(s) does not constitute in any manner a waiver of GKCEN Camp program policies, or rules, nor does the continued use constitute an agreement to continue the child's enrollment in the summer program. I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Initial: \_\_\_\_\_ I authorize this release

Initial: \_\_\_\_\_ I do not authorize this release: Please send a photograph of your child to the GKCEN Camp Office prior to the start of the session so we can check photographs taken during the summer to ensure your child is not in them. If we do not receive a photograph, we **do not** guarantee that your camper will not appear in photographs.

## STEP 4 BILLING AND PAYMENT INFORMATION

Child's Name \_\_\_\_\_  
Last First Middle

Billing Address \_\_\_\_\_  
Street City State Zip

**Circle weeks desired (call first for availability):**

6-18 to 22 // 6-25 to 29 // 7-2 to 6 // 7-9 to 13 // 7-16 to 20 // 7-23 to 27 // 7-30 to 8-3 // 8-6 to 10

**Total number of weeks:**

**Total deposit: \$**

**Total amount due: \$**

**Before/after care(circle one): YES NO**

**Lunch(circle one): YES NO**

**REQUIRED---\$35 Materials fee**

**T-Shirt -\$15**

**SIZE:**

Check Enclosed Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please charge my Visa or MasterCard Amount \$ \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_

Address for credit card, if different than above \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Card Code \_\_\_\_\_

Please charge this credit card with my balance on June 1st. Balance \$ \_\_\_\_\_ (Credit Card expiration must be valid through September 2011)

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

### OFFICE USE ONLY

Deposit:

Payment:

Fac-staff %:

Fin. Aid %:

Sponsorship: