

Turtle Creek Learning Academy  
732-780-9656

Enrollment Agreement  
Summer Academic Camp  
**CAMP FUN CLUB**

Date of Application \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Grade Child will be entering in the fall: \_\_\_\_\_

My child is enrolling in the following mini day sessions (9:30 – 1:30):

Session I - Once Upon a Time – June 25 – July 16

\_\_\_\_\_ 3 day program (M, W, F)

\_\_\_\_\_ 2 day program (T, TH)

Session II – It's a Small World After All – July 19 – Aug 6

\_\_\_\_\_ 3 day program (M, W, F)

\_\_\_\_\_ 2 day program (T, TH)

I will need extended hours until 3:00

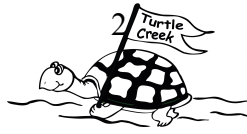
\_\_\_\_\_ Yes \_\_\_\_\_ No On these days: M T W TH F (please circle)

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City Zip Code

Mobile Phone \_\_\_\_\_



## Turtle Creek Learning Academy

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Mobile Number \_\_\_\_\_

### Camp Turtle Creek

Persons Authorized to pick up your child and/or contact in case of emergency if neither parent is available.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

We require a written note from you, signed and dated, if anyone other than yourself will be picking up your child. You should also call the school or speak with the teacher directly to Confirm this pickup. We will ask for identification upon pickup. We will not release your child to anyone without authorization.

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
Street City State Zip Code

### Medical Emergency

In the event that a medical emergency occurs, I authorize Turtle Creek Learning Academy to Seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

List any known allergies: \_\_\_\_\_

A copy of the child's health form must be submitted to the center two weeks prior to the start of camp.