

Students Name: _____

Turn the Page, LLC

Entering Grade: _____

136 Main St.

Emmaus, PA 18049

Child

First _____ Middle _____ Last _____ Gender: Male __ Female__

School Name _____ Grade _____ Birth date ____/____/____ Age _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Is your child allergic to any type of food or medication?

Yes __ No __ If yes, explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, or my emergency contacts cannot be reached, I authorize the calling of a doctor or EMT and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Turn the Page, LLC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian

Parent's/Guardian's Initials _____

Please circle how you heard about Turn the Page, LLC summer camps.

After School Program Website School _____ Word of Mouth Flyer Other _____

Photo Release

I hereby give permission for my child to be photographed. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/Turn the Page Facebook page or albums. Names will never be used along with picture.

Parent's/Guardian's Initials _____

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Registration

Please enroll my child in the following programs.

Name of Program:	Date/s:	Time/s:	Fees
Example: Social Skills	July 6 – July 10	4:00-5:00	\$ 240
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please mail registration to:

Turn the Page, Children’s Center for Academic Success
Attention: Summer Camps,
136 Main St.
Emmaus, PA 18049.

Please make every attempt to attend each session as we can NOT make up or refund for missed days.

Once we process your registration, we will contact you to let you know that your child was added to the roster.

We accept checks and all major credit cards. If you prefer to pay by credit card, please provide the following information.

Please circle: Visa MasterCard Discover American Express

Name on Card: _____

Account Number: _____ Exp Date: _____

Zip Code: _____ CVV Code _____