

For office use only.
Date Received:

Unitarian Universalist Church of Tallahassee

Harmony Camp 2009 Registration Form June 22 - 26, 2009

Camper Information (Please complete one form for each child.)

Date: ____/____/____

Name: _____

Grade entering in August 2009: _____ Date of Birth: (____/____/____)

We have a goal of diversity. For that reason only, please tell us the camper's racial & cultural background: _____

Special Needs:

- Medication: _____
- Allergies: _____
- Food: ____ vegetarian
____ other (Specify.): _____
- Other special needs: _____

Children will bring their lunch each day. Snacks will be provided by the camp unless your child has special dietary requirements or restrictions.

Parent Information Ok to write: "Same as (name of other child you registered)".

Name: _____

Address: _____

E-mail: _____

Phones: (W) _____ (H) _____

(Cell) _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

___ My child(ren) needs extended care (\$10 per day; \$4/day for a.m.; \$6/day for p.m.).

(On a later form for selection of the classes your child most wants to take, you will sign up for the days and times you will need child care.)

No child will be refused because of financial need. Scholarship funds are available.

Registration

- Fee: \$100 for first child
\$85 for each additional child
- This fee due in total with registration
- Deadline: May 15, 2009, **or until full (Register early!)**
- Make check payable to UUCT.
Designate it for "Harmony Camp Registration" (bottom left line).

- **Mail to: Harmony Camp Registration
Unitarian Universalist Church of Tallahassee
2810 N. Meridian Road
Tallahassee, FL 32312**

___ I am requesting a full scholarship.
___ I am requesting a 1/2 scholarship

Cancellation

- Deadline: June 8, 2009
- We will retain \$10 per child for administrative costs and send you a refund for the balance of the registration fee.

➔ We take photographs of children and youth at Harmony Camp for display on church bulletin boards and for promotional purposes in our church publications. *Names are never posted with a child's picture.* **If you do NOT want us to photograph your child or youth for use in UUCT church publications please check here.** _____

Check # _____ enclosed for:

- Registration Fees:
_____ children (\$100 for 1; \$85 for each additional child) _____
- Extended Care:
_____ days a.m. care @ \$4.00/day _____
_____ days p.m. care @ \$6.00/day _____

Total enclosed:

(Please staple all registration forms together when sending one check for more than one child. Thank you.)

\$ _____