

Power Camp Registration Form

(Please complete a separate form for each child)



Camper's Name _____
Last First Middle Nickname

Address _____
Street City State Zip

Male/Female Age _____ Date of Birth _____ 1st language _____

Family Information

Mother's Name _____ Father's Name _____

Address (if different) _____ Address (if different) _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Parents are: Married Unmarried Separated Divorced Custody _____

Authorized Persons

Child may be released only to a custodial parent or legal guardian or to persons listed below:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Information and Emergency Treatment Authorization

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care as warranted if I or one of the authorized persons above cannot be reached.

Pediatrician _____ Phone _____

Specialist _____ Phone _____

Please list any allergies or medical issues with related symptoms _____

Signature of Parent/Guardian _____

Date _____

(continued on reverse)

Sessions

Registration is paid only once per family. Each camp session is a 2-week block.

	Half Day* 8 – 11:45 \$170	Full Day 8 – 2 \$275	Ext Day 8 – 5:30 \$315	Cost
Registration Fee	-----	-----	-----	\$25.00
Weeks of June 7 – June 18				
Weeks of June 21 – July 1**				
Weeks of July 5 – July 16				
Weeks of July 19 – July 30				
Total Cost:				

*Half Day option for ages 2-5 only
**No camp July 2

Registration fee and first session’s payment due upon registration.
Payment for additional sessions due the Friday before the session begins.
Please make checks payable to TCA.
Visa/Mastercard/Discover accepted.

Card Type _____ Card Number _____ Exp. Date _____
Name on Card _____ Amount to be charged \$ _____
Signed _____ Date _____

Parent Agreement

As the parent/guardian of the camper, I grant permission for him/her to participate in Power Camp at The Children’s Academy at Covenant (TCA). I release TCA and Covenant Centre International, Inc., their administrators and staff from all claims and liability resulting from illness or injuries sustained during attendance at the camp. In the event of illness or injury, I authorize the TCA staff to obtain assistance from medical personnel for appropriate treatment for my child. I understand TCA and Covenant Centre International cannot assume responsibility for medical, dental or other health expenses incurred as a result of my child’s participation in Power Camp.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

Please return form and payment to:

Power Camp
The Children’s Academy at Covenant
9153 Roan Lane
Palm Beach Gardens, FL 33403
Contact: Erik or Jeanne Benz Phone: 561-847-6650