

MESI CAMP REGISTRATION

- FULL TIME 165.00 PER WEEK (8am-4pm)**
- PART TIME 50.00 per day (Mon-Thursday)**
(Aftercare available till 5:30pm)

Camper Information

Camper's Name _____

Date of Birth _____ **Grade entering in Fall 2018** _____

Gender Male Female T-Shirt Size _____

Address _____

City _____ State _____ Zip Code _____

The following information is requested to help our counselors get to know a little bit about your child before he/she arrives at camp. The information will be kept confidential and is only shared with MESI CAMP staff, counselors and administrators who will be working directly with your child. Please be thorough in order to help us provide your child with the best camp experience possible.

1. Does the camper go by a nickname?

2. Has the camper attended camp before? Yes No If yes, what type of camp (day or overnight) and for how many years?

5. Are there any recent events that may impact the camper's experience away from home?

Yes No

6. Is there anything else you could tell us about the camper that would be helpful for their MESI Staff/Counselors to know? Yes No

7. Does your child have any allergies or other medical conditions? Yes ___ No ___

If yes, Please list any medical conditions that your child may have and also medications that your child maybe taking.

8. Will your child have summer reading or a packet to complete before school starts? Yes__ No__ If yes, Please give details on the space below, on what he/she needs to complete and then bring it to camp>

Parent/Guardian Information:

1. Parent/Guardian's Name _____

Cell Phone Number _____ Home Phone Number _____

E-Mail Address (for all correspondence) _____

2. Parent/Guardian's Name _____

Cell Phone Number _____ Home Phone Number _____

E-Mail Address (for all correspondence) _____

Emergency Contact Information. Please list two contacts in the event of an emergency and we cannot reach a parent or guardian.

1. Name _____

Relationship to Camper _____ Phone Number _____

2. Name _____

Relationship to Camper _____ Phone Number _____

Authorized Pick-up. Please list the names of anyone who is authorized to pick your child up from camp.

1.NAME _____ **Relationship** _____

2.NAME _____ **Relationship** _____

As the parent or legal guardian of the camper, I (initial the following): _____ Give permission for my child to participate in all of ASA/MESI Camp's activities, including exercise programs, sports, academic and behavioral interventions etc.

_____ Give permission for ASA/MESI Camp to use photographs including my child in promotional materials. This includes regular photo updates to the MESI Facebook page: www.facebook.com/MESICAMP _____ Authorize ASA/MESI Camp to provide and obtain medical care in the case of illness or injury for my child.

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ **Date** _____

MESI WEEKS

- WEEK 1 JUNE 4th – 8th
- WEEK 2 June 11th – 15th
- WEEK 3 JUNE 18th – 22nd
- WEEK 4 JUNE 25th – 29th
- WEEK 5 JULY 2nd – 6th
- WEEK 6 JULY 9th - 13th
- WEEK 7 JULY 16th – 20th
- WEEK 8 JULY 23nd – 27th

MAIL IN REGISTRATION AND PAYMENT TO:

5438 Lockwood Ridge #138

Bradenton, FL 34203

OFFICE USE ONLY: AMT: _____ CASH: _____ CHECK: _____ REGISTRATION FEE: _____

