

## 2008 SUMMER ENRICHMENT CAMP ENROLLMENT APPLICATION

Mail or Return application to:  
**Prince Complex**  
**3000 Jensen Dr.**  
**Houston, TX 77026**  
**TEL. (713) 227-0535**  
**FAX (713) 227-0540**



### Application Instructions

- Please print clearly or type all the information.
- Missing information will delay processing of your application.
- Return form with \$20 deposit.
- Please make all checks payable to Prince Complex.

Camper's First Name	Camper's Last Name	Birthdate	Age
Male <input type="radio"/> Female <input type="radio"/>	Returning Camper? Yes <input type="radio"/> No <input type="radio"/>	School Attending	Grade Entering on 8/08
Home Address		City, State, Zip	

I hereby authorize the Prince Complex to allow my child to leave the premises **ONLY** with the following persons. Please list name and telephone number for each. Children will only be released to a parent or person designated by the parent/guardian after verification of ID.

Mother's or Guardian's Name	Home Phone	Work Phone	Cell/Pager
Father's or Guardian's Name	Home Phone	Work Phone	Cell/Pager
Parent's Email 1		Parent's Email 2	
Alternate Contact(s)	Home Phone	Work Phone	Cell/Pager
Emergency Contact Name		Phone/Cell	

### CHECK ALL THAT APPLY:

1.  Transportation    I hereby  **give**  **do not give** consent for my child to be transported by Prince Complex staff and employees.     for emergency care     on field trips
2.  Field Trips    I hereby  **give**  **do not give** consent for my child to participate in field trips.
3.  Water Activities    I hereby  **give**  **do not give** consent for my child to participate in water activities.  
 swimming pools     water slides     sprinkler play

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Ph#:
Name of Emergency Medical Care Facility		

I give consent for the facility to secure any and all necessary emergency medical care for my child:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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Please indicate if your child has any of the following special problems that we need to be aware of while your child is in our care:

- Allergies: \_\_\_\_\_  
 Existing Illness: \_\_\_\_\_  
 Previous Illness: \_\_\_\_\_  
 Injuries or hospitalizations during past 12 months: \_\_\_\_\_

Please provide information on medications given for long-term or continuous use:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

## ACTIVITIES INFORMATION:

**My child is interested in the following activities:**

- Arts and crafts  
 Performing Arts (singing and dancing)  
 Culinary Arts (cooking)  
 Gardening  
 Sports  
 Creative Writing/Reading  
 Other: \_\_\_\_\_

Helpful information that will assist us in making this a memorable summer for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-shirt Size: XS \_\_\_\_\_, S \_\_\_\_\_, M \_\_\_\_\_, L \_\_\_\_\_, XL \_\_\_\_\_

## INJURY WAIVER

*I agree to place my child in the summer camps being offered at Prince Complex. In placing my child in the aforementioned camp, I realize there is a risk of injury. I agree to provide transportation for my child to and from the camp(s) and I further agree to hold camp coordinators, camp counselors or camp staff of Prince Complex harmless for any claims resulting from injury in the program provided. I know of no medical reason that should prevent my child from participating in the camp.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## OFFICE USE ONLY:

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Hours and days child will be in care: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Recent Child's Photo

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