

# R

# egistration Form

Name of Camp	Date/Session	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age June 2014 \_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother E-Mail \_\_\_\_\_ Father E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

We cannot release a child to anyone without permission. List names of persons, other than a parent, who may pick up your child. Photo I.D. may be required.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Person (other than parent) to notify in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preferred \_\_\_\_\_

Health Insurance \_\_\_\_\_

Health Concerns/Allergies \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send with check made out to **The Grosse Pointe Academy** and mail to:  
GPA Summer Camps / The Grosse Pointe Academy / 171 Lake Shore Road / Grosse Pointe Farms, MI 48236

**You will receive an email confirmation.**

**CAMP PAYMENTS ARE NON-REFUNDABLE.**