



Summer Camp Registration

June 2019

Student Name: First _____ Last _____

Address: Street _____ City _____ Zip _____

DOB _____ Grade (2019-2020) _____ School _____

Parent's Name: First _____ Last _____

Phone _____ Email _____

Emergency Contact: Name _____ Number _____

Allergies? _____ Medications _____

Camps: Feel free to attach a piece of paper to this form if you need more room to list camps wanted.

1. _____ 2. _____

3. _____ 4. _____

Morning Supervision Needed (from 8-9 AM each weekday) _____ (yes/no)

_____ (camper's name) has my permission to participate in the camps listed on this registration form. In the event of an emergency and I cannot be reached, I grant permission for emergency medical treatment to be given to my child. I release Windsor Academy from responsibility for any bills resulting from injuries incurred in these camps. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. If applicable, I have attached information regarding allergies or other medical conditions about my child of which staff should be aware.

Parent Signature _____ Date _____

Please send – either through the mail or email – the registration form filled out and signed to:

Windsor Academy

Summer Camps

4150 Jones Road

Macon, GA 31216

mgiles@waknights.com

*Fees are due the Wednesday before the week of your chosen camps.

*Each camp is \$60; \$100 if you are doing two camps per week.

*Questions, please don't hesitate to call the school – (478)781-1621 or email Melissa Giles at mgiles@waknights.com.