week) (3 weeks)	sessions: Session II (3 weeks) July 10 - July 4 TH	(3 weeks) 7 28 July 31 - A	II D Mini (1 wa ug. 18 Aug.	Session II eek) 21 - Aug. 24	PER WEEK	ROMO! GISTER ARCH 15 TO IN PRIC ORE TH ICREASI
		Monday	Tuesday	Wednesday	Thursday	Frida
If Days: (9 a.m 12:30 p.m.) <i>Ag</i>	es 4 and Under					
II Days: (9 a.m 3:30 p.m.)						
tended Care:	NO					
(7:30 a.m 9:00 a.m.)	ADDITIONAL					
(3:30 p.m 5:30 p.m.)	CHARGE!					
Please print clearly:		•	•			
Child's Name	1					
Child's Distribute	Last	Firs	t	Middle	□ Female	🗆 Male
Child's Birthdate Month	Date	Year				
Age At Camp	Grade N	lext Fall	School			
Child's T-Shirt Size: □X-Small □Small (6	-8) □Medium (10-1	12) 🗆 Large (14-16) 🛛	∃Adult Small □Adu	lt Medium □Adult La	arge	
Resides with(Check One): Both Parents	🗖 Mother 🗖 F	ather 🔲 Other–Lega	al Guardian Name 🔄			
Parent/Guardian 1 Name		Cell Phone	David			
			Day	time Number		
Alternate Number	Address					
Alternate Number Business Name and Address				City/Zip		
Business Name and Address			E-mail	City/Zip		
Business Name and Address Parent/Guardian 2 Name		Cell Phone	E-mail	City/Zip ime Number		
Business Name and Address	Address	Cell Phone	E-mail	City/Zip ime Number City/Zip		
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Business Name and Address Parent/Guardian 2 Name Alternate Number Business Name and Address Child may be released to Parent/ Guardian1 Emergency Contact(s) (other than parents). Child's Physician Hospital preferred	Address Parent/ Oth Guardian2 Name Name	Cell Phone her 1 3 Relations Health insuranc and identificati	E-mail	City/Zip	ne	

Terms and Conditions:

I/We understand and agree that our child(ren) may be withdrawn from the Camp at the sole discretion of the Camp's director at any time. It is contemplated, but not limited to, situations involving a child or parent/guardian's failure to abide by the rules and procedures set by the camp; conduct or influence of parent or child deemed by the camp to be unsuitable for continuation in the program; a child who is not benefiting from the program; any flexibilities in enrollment and such other situations as may arise. If only one parent signs this agreement, that parent agrees that he/she is also acting as an agent of the other parent with authority to enroll the child at camp.

I grant permission for taking and/or using my child's name and image for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I further waive any claim, including claims for compensation, of any kind for the taking, use or publication.

I give permission to secure emergency medical treatment for the above named child if required when the parent(s)/guardian and/or emergency contacts cannot be reached. I give permission for my child to participate in all camp activities and enclose a \$100.00 registration fee payable to Early Impressions, 25000 West Ten Mile Road, Southfield, MI 48033. In addition, for each session selected there will be a \$50 deposit that applies toward tuition. I further agree and understand that this \$100.00 registration fee and \$50 deposit for each session selected and all prepaid tuition is non-refundable and non-transferable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, or any other unforeseen circumstances, etc.

Upon submitting this signed application, the parent(s)/guardian acknowledges the obligation to pay for the total number of weeks registered for regardless of the child's attendance. It is important to note that anyone who signs the application is responsible for payment.

I/We understand and agree to the above-stated terms and conditions.

Signature

Parent or Legal Guardian

Parent or Legal Guardian

Date