

Pecometh Winter Camp Registration Form

DIRECTIONS: COMPLETE THE FORM BELOW FOR UP TO TWO (2) CAMPER(S). ADDITIONAL CAMPERS REQUIRE COMPLETING A NEW FORM, ALTHOUGH YOU MAY OMIT ALL BUT THE PARENT/GUARDIAN NAME(S) IN THE PARENT/GUARDIAN SECTIONS ON SUBSEQUENT FORMS. PLEASE MAIL OR FAX THIS FORM TO PECOMETH IMMEDIATELY (ATTN: REGISTRAR).

PARENT/GUARDIAN 1

Name _____ Home Phone (_____)
Last First

Work Phone (_____) Cell/Pager Phone (_____)

Fax (_____) E-Mail _____

Address _____
No./Street/Box City State Zip

PARENT/GUARDIAN 2

Name _____ Home Phone (_____)
Last First

Work Phone (_____) Cell/Pager Phone (_____)

Fax (_____) E-Mail _____

Address _____
No./Street/Box City State Zip

CAMPER 1

Name _____
Last First

Date of Birth ____/____/____ Gender: Male / Female Grade _____ # of years at Pecometh _____
Month Day Year

Ethnicity ____ Asian American ____ African American ____ Latino
____ Native American ____ Multi-Ethnic ____ Euro American ____ Other _____

MEDICAL INFORMATION

Please check any special camper considerations:

____ Takes medication regularly ____ Learning Differences/Disabilities ____ Bi-polar Disorders
____ ADD/ADHD ____ Depression ____ Eating Disorders
____ Epilepsy ____ Diabetes ____ Bedwetting
____ Special Diet or Food Allergies _____
____ Drug Allergies _____
____ Other Allergies or Considerations _____
____ None

THINGS MY COUNSELOR NEEDS TO KNOW . . .

I like to be called (nickname) _____

Some things I like to do with my friends at school or at home are _____

When I grow up, I'd like to be _____

CAMPER 2

Name _____
Last First

Date of Birth ____/____/____ Gender: Male / Female Grade _____ # of years at Pecometh _____
Month Day Year

Ethnicity ____ Asian American ____ African American ____ Latino
____ Native American ____ Multi-Ethnic ____ Euro American ____ Other _____

MEDICAL INFORMATION

Please check any special camper considerations:

____ Takes medication regularly ____ Learning Differences/Disabilities ____ Bi-polar Disorders
____ ADD/ADHD ____ Depression ____ Eating Disorders
____ Epilepsy ____ Diabetes ____ Bedwetting
____ Special Diet or Food Allergies _____
____ Drug Allergies _____
____ Other Allergies or Considerations _____
____ None

THINGS MY COUNSELOR NEEDS TO KNOW . . .

I like to be called (nickname) _____
Some things I like to do with my friends at school or at home are _____
When I grow up, I'd like to be _____

PAYMENT INFORMATION

Winter Camp costs \$229 for the first camper in each household and \$199 for each additional camper. A \$50 per camper deposit is required for registration. The balance is due on December 15, 2009 (see options below).

CHECK, CASH OR MONEY ORDER Amount enclosed \$ _____

CREDIT CARD PAYMENT

Name of Credit Card Holder _____ Amount: \$ _____
Last First
Credit Card Type: Master Card VISA Discover American Express

Account Number _____ Expiration Date _____

Please charge this credit card for the entire balance due on December 15, 2009
 Please charge this credit card for the balance due in three equal installments on the 15th of each month

AUTOMATED CLEARING HOUSE (ACH) DRAFT

Bank Name _____ Account # _____ Routing# _____
Signature _____ Initial draft amount for registration deposit \$ _____

Please draft the entire balance due on December 15, 2009
 Please pay the balance due in three equal ACH drafts on the 15th of each month