

# APPLICATION

## Math & Reading Camp at the Afiba Center

**JULY 31<sup>ST</sup> - SEPT. 1<sup>ST</sup> 2017 9AM TO 4PM TEACHER: BRO. THABITI UMOJA**

**COST: \$125 PER WEEK, OPEN FOR DROP OFF AT 7:30AM ("BRING A SACK LUNCH")**

**STUDENTS MUST ONLY BE PICKED UP BY 5PM BY PERSON(S) LISTED ON BOTTOM OF THIS SHEET)**

Students Name \_\_\_\_\_

FIRST

MIDDLE

LAST

Age \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Grade \_\_\_\_\_ (as of Sept.)

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### HEALTH/MEDICAL

**Medical conditions or allergies please, please explain:**

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

**Person(s) whom have my permission to pick up my child are:**

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_