

Registration Form for Camp 621

***Camp 621 is for ages 8-12 years old**

*Please use a separate registration form for each child.

*All grade levels indicate **GRADE COMPLETED** by the time of camp.

*For more information about camp programs, contact Cynthia Hollis at (850) 224-6163

A. Child's Name _____ Nickname _____

Age _____ Birth Date _____ Gallery Member: Yes No

B. Parent/Guardian _____

Home Phone _____ Work Phone _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____

C. Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

D. Physician _____ Phone _____

Explanation of any medical problems, allergies, handicaps, ect: _____

Is your child on any medications? If so, please explain: _____

There is a \$30 non-refundable deposit for each camp session which is subtracted from the total cost of that camp. Remaining balance due 14 days prior to camp start date. There is no charge to be kept on a waiting list. PLEASE inform us if you need to cancel a reservation so that other may take advantage of our programs. Extended care is available for \$25 per week for pickup after 4:30pm. Camp fees are nonrefundable 10 days prior to camp start date.

All camps are \$150 per week for non-Members or \$130 per week for Members.

*to become a member of 621 Gallery please call the office at (850) 224-6163 or visit <http://www.621gallery.org/support>

Camp#	Title	Dates	Camp Fee	Extended Care Fee	Sub-Total
			\$	\$25	\$
			\$	\$25	\$
			\$	\$25	\$
			\$	\$25	\$
			\$	\$25	\$
			\$	\$25	\$
			\$	\$25	\$

*There is a 10% sibling discount if registering multiple children

Send to:		
The 621 Gallery	Sub-total	\$
621 Industrial Drive Tallahassee, FL 32310	Deposit	\$
	Balance Due	\$

If paying by credit:

Credit Card # _____ **Exp** _____

Important! The following section must be filled out in full for us to process your request.

I, _____, hereby authorize my child, _____ to participate in activities sponsored by 621 Gallery, inc. which may include, but are not limited to, field trips, tours, and travel from the premises in authorized vehicles. In case of an accident requiring medical treatment, I authorize treatment for my child as the attending medical personnel deem appropriate. I also agree not to hold 621 Gallery, inc. responsible for injuries suffered by my child during activities sponsored by it.

Parent/Guardian _____ Date _____