



Enrollment Application

Ages 5-12

We Care If No One Else Cares

OFFICE USE ONLY

Location: _____

Date Received: _____ Start Date _____

- ☐ Private Pay
- ☐ CCIS
- ☐ Pending CCIS

Forms completed

- ☐ Emergency Contact
- ☐ Agreement
- ☐ Health Assessment

Staff Initial _____

Name _____ Gender _____

D.O.B _____ Age _____ T-shirt Size _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Contact Information

Parent/Guardian #1

Name _____

Cell Phone _____

Email _____

Parent/Guardian #2

Name _____

Cell Phone _____

Email _____

Please list any medical conditions including allergies, and requiring medication (i.e. Diabetic, Asthma, Seizures, and Allergies)

Please check the specialty programs you are interested in your child participating in.

- | | |
|---|---|
| <input type="radio"/> <i>Homework Help</i> | <input type="radio"/> <i>Drama</i> |
| <input type="radio"/> <i>Academic Enrichment</i> | <input type="radio"/> <i>Dance</i> |
| <input type="radio"/> <i>Arts and Crafts</i> | <input type="radio"/> <i>Girls Mentoring</i> |
| <input type="radio"/> <i>Sports</i> | <input type="radio"/> <i>Boys Mentoring</i> |

I understand and hereby, as the parent/guardian release BAYWAY Cares, LLC and affiliates from all liabilities from any accidents that may occur or injuries sustained while attending BAYWAY Care Summer Camp. I also authorize any medical assistance that may be required during my absence.

Signature of Parent/Guardian

Date

• Phone: (484) 898-3476

• Website: baywaycares.org

• Email: baywaycares@gmail.com