

MAC Afterschool 2016/2017
Registration / Application

MAC use only:
Registration fee: _____

Camper Name: _____

Parent Contact: _____ Preferred Phone: _____

Birth Date: __/__/__ Age: _____ Sex M/F__

School Attending: _____

Home Address: _____ City _____ State ____ Zip _____

Home Number: _____

Email: _____

Father's Name: _____ Work # _____ Cell # _____

Occupation: _____

Mother's Name: _____ Work # _____ Cell # _____

Occupation: _____

Guardian Name: _____ Work # _____ Cell # _____

Occupation: _____

Authorized pick-up other than parent: _____

I grant permission for the above named child to participate in all planned activities, and absolve the MAC and its personnel from any liability for injury or loss sustained by the child while engaged in such camp activities. The MAC may use random pictures of my child for advertising purposes. I authorize the MAC staff to provide emergency medical care at my expense. The MAC is not responsible for lost, stolen or damaged personal property. The MAC reserves the right to dismiss any child who jeopardizes the integrity of the camp program without a refund. If your child has any allergies or medical issues please provide appropriate paper work.

Signature _____ Date _____

Print _____

**Tuition is due the first day you attend the afterschool program each week.

**A one dollar per minute late fee will be charged for pick up after 6:00 PM for middle - school students and after 5:30 PM for elementary students.