



Behavioral Learning Center, Inc.

Behavioral Learning Center 2019 Summer Camp Registration Form

Camper Information

First Name:		Last Name:	
Age:		Date of Birth:	
Gender:		Address:	
Toilet Trained:			
Ambulatory:		Allergies:	
Addition Information:			

Parent/ Guardian Information

Mother/ Guardian Name:		Cell Phone:	
Work Phone:		Home Phone:	
Father/Guardian Name:		Cell Phone:	
Work Phone:		Home Phone:	

Program Information

Please check all the weeks that you wish to attend:

- Week 1: 7/22-7/26 9:30-12:30
- Week 2: 7/29- 8/2 9:30-12:30
- Week 3: 8/5-8/9 9:30-12:30

Emergency Contact Information

In the event of an emergency, camp facilitators will first contact the camper's parent's/guardians. If the facilitator is unable to contact the above, the facilitator will then contact the below emergency contacts in order.

Name		Relationship		Phone	
Name		Relationship		Phone	
Name		Relationship		Phone	

Payment

- Cash
- Check
- Credit Card

Card Type		Exp Date	
Name on Card			
Account #			
CVV Code			