

Chamberlain Studios of Self Defense™

Registration for Easter/Passover Camp 2019!

Thur. 4/18, Fri 4/19 & Mon 4/22 8:30am - 4:00pm

Lakewood Dojo



www.DallasKenpo.com

- Forms may be submitted by fax, email & USPS anytime, or by hand to the Lakewood dojo office (during class times).
- Include full tuition with registration form(s).
- **There is a 25% sibling discount for the 2nd & additional kids.**
- We are offering **EXTENDED DAY** for this Camp (must be scheduled **IN ADVANCE**). Cost is listed below (per day).
Early Drop off and/or Lake Pick up available.
- Master Card, VISA and Discover accepted.
Checks should be made payable to CSSD.
- Students should bring a sack lunch and 2 snacks each day

1. Student Information (please use one form for each child)

Student Name _____ Date: _____

Age _____ Day School Attending _____ Male _____ Female _____

Parent's/Guardian's Names _____ E-mail address _____

Address _____ Home Phone () _____

Father's Work _____ Cell _____ Mother's Work _____ Cell _____

Emergency Contact _____ Phone _____ Relationship _____

How did you hear about us? Website ___ Friend ___ Existing Student ___ School Brochure ___ Other: _____

2. Camp tuition:

Tuition rates for Campers	Camp Day (Circle all that apply) Thu 4/18, Fri 4/19, Mon 4/22	Extended Day: Early Drop: 7:45a - 8:25a (Circle all that apply) 4/18, 4/19, 4/22	Extended Day: Late PickUp: 4:05p - 5:00p (Circle all that apply) 4/18, 4/19, 4/22	Total \$ Due
First student:	\$85 (per day)	\$10 (per day)	\$10 (per day)	
Sibling tuition: 25% Discount	\$64 (per day)	\$7 (per day)	\$7 (per day)	

3.

Credit Card Payment

Payment by: Master Card ___ VISA ___ DISC ___ Card # _____ Exp Date _____

4. Releases

Does student take prescription medication? Yes ___ No ___ If yes, what medication _____ why? _____

In case of accident or injury, I hereby certify that the above named student is to be given any emergency treatment necessary at any hospital reasonably accessible.

Parent/Guardian Signature: _____ Relationship _____ Date _____

Photography Release:

I hereby permit CSSD to use, in whole or in part, photographs and or videos, of the above named student for the purpose of illustrations and publications including our website. No student names will be published.

_____ Relationship _____ Date _____

