The Creation Academy
2014 Spring/Summer Camp

1. CHOOSE SESSION(S): Design 101-Mar. 31-April 4th__ Design 101-April 7-11th__ Design 101-June 9th-13th__
Remix to the Max-June 23-27th__ Design 101-July 14-18th___
Portfolio Building (9th-12th ONLY)-July 28th-Aug. 1st___

GRADE: ___ AGE: ____

Times: 9AM-4PM Daily

BEFORE CARE EARLY AS 7AM **($25 add'l per week) YES____** ***AFTER CARE TIL 6PM*** **($25 add'l per week) YES ____**
BOTH BEFORE & AFTER CARE **($40 add'l per week) YES___**

2. PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Age: _____

Name you prefer to be called (if different): _____

Name of School: _____ Grade: _____

T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG XL XXL XXXL

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone_____ Email address you check frequently:

_____

Best way to contact you? **(Circle one) Home Phone Cell Phone Email**

__Please send my paperwork via US mail *or* ___Please send my paperwork via email

What is the race/ethnicity of your camper?* _____ θ Prefer not to say

*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ -_____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ -_____ - _____ ext _____

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your child have any medical conditions, allergies, or special needs the staff should know about?

_____

_____

Does your child have any behavioral or emotional issues the staff should know about?

_____

_____

7. OTHER INFO

To complete your application; please mail, drop-off or email completed application and $25 Registration Fee to:

MAIL:
The Creation Academy c/o Summer Hutchens
2756 Broad St. STE. B
AUSTELL, GA 30106

EMAIL: info@thecreationacademy.com

Checks or Money Order should be made out to: "The Creation Academy" or Cash/Credit Card Accepted or ONLINE payment

Thank you!
Sincerely, Summer Hutchens, Executive Director, 1.888.317.9994, summer@thecreationacademy.com

EMAIL COMPLETED FORM TO INFO@THECREATIONACADEMY.COM
PLEASE BE SURE TO MAKE THE $25 NON-REFUNADABLE DEPOSIT IN ORDER TO RESERVE YOUR SPOT ☺