

CMT Registration Form Summer 2017

July 12-16
 June 19-30
 July 24-28
 July 31 - Aug 11

Camper Information

Please print in dark ink.

2016-2017
 Grade
 (NOW!)

Birthdate
 (MM/DD/YY)

Current School

Requested Session

1 st Child	_____	<input type="checkbox"/> boy <input type="checkbox"/> girl	_____	_____	_____
2 nd Child	_____	<input type="checkbox"/> boy <input type="checkbox"/> girl	_____	_____	_____
3 rd Child	_____	<input type="checkbox"/> boy <input type="checkbox"/> girl	_____	_____	_____
4 th Child	_____	<input type="checkbox"/> boy <input type="checkbox"/> girl	_____	_____	_____

<input type="checkbox"/> 1	<input type="checkbox"/> 2A	<input type="checkbox"/> 3	<input type="checkbox"/> 4A	<input type="checkbox"/> 4B
<input type="checkbox"/> 1	<input type="checkbox"/> 2A	<input type="checkbox"/> 3	<input type="checkbox"/> 4A	<input type="checkbox"/> 4B
<input type="checkbox"/> 1	<input type="checkbox"/> 2A	<input type="checkbox"/> 3	<input type="checkbox"/> 4A	<input type="checkbox"/> 4B
<input type="checkbox"/> 1	<input type="checkbox"/> 2A	<input type="checkbox"/> 3	<input type="checkbox"/> 4A	<input type="checkbox"/> 4B

FOR REGISTRAR
 USE ONLY

Family/Address/Contact Information (REQUIRED!)

Check this box if information has changed.

We are new to CMT!

Parents' Names (both parents, if applicable) or Guardian's First and Last Names:

Present Church Membership, if any:

Mailing Address: Street _____

Primary Phone _____

City/State _____ Zip _____

Back-up Phone _____

E-mail address (most communication is done by e-mail): _____

Emergency Contact Information

Please print.

If parents aren't available, please contact:

Phone Number

Friend/Relative _____

Doctor _____

Dentist _____

Does your child have special needs, allergies, or a medical condition we should be aware of? Yes No
 If yes, please explain: (Use the back of the form if more space is needed.)

Release Statement

I give permission for any images, likenesses, or quotes taken of my child to be used for publicity purposes including but not limited to newsletters, brochures, website, and videos.

I give my permission for CMT to seek and authorize any necessary medical treatment for my child(ren) in the unlikely event of a medical emergency.

Parent/Guardian signature _____

Date _____

Attach check here.

Full payment (check or cash - no credit cards) is expected at the time of registration, however, scholarships and payment plans are available.

Financial Aid form is available online.

Checks should be made payable to CMT.

A check IS required to be placed on the wait list.

Did you sign this form? (See Release Statement)

FOR OFFICE USE ONLY

CMT Registration Cost	Circle Amount
1 child	\$400.00
2 children	\$700.00
3+ children	\$900.00

Scholarship Donation
 (tax deductible): _____

AMOUNT PAID _____

CHECK# _____

Scholarship application attached.

Amount requested: _____