

# CMT Registration Form Summer 2019

## Camper Information Please PRINT in dark ink.

First AND Last Name	Birthdate (MM/DD/YY)	2018-2019 Grade	Current School	Requested Session
1 <sup>st</sup> Child _____ <input type="checkbox"/> boy <input type="checkbox"/> girl _____	_____	_____	_____	1: June 3-7 <small>1 WEEK :: 9 AM - 4 PM</small> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2 <sup>nd</sup> Child _____ <input type="checkbox"/> boy <input type="checkbox"/> girl _____	_____	_____	_____	2: June 10-14 <small>1 WEEK :: 9 AM - 4 PM</small> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3 <sup>rd</sup> Child _____ <input type="checkbox"/> boy <input type="checkbox"/> girl _____	_____	_____	_____	3: June 17-28 <small>2 WEEKS :: 9 AM - 12 PM</small> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4 <sup>th</sup> Child _____ <input type="checkbox"/> boy <input type="checkbox"/> girl _____	_____	_____	_____	4: July 29 - Aug 9 <small>2 WEEKS :: 9 AM - 12 PM</small> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

FOR REGISTRAR USE ONLY

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## Family/Address/Contact Information (REQUIRED on ALL FORMS!)

Check this box if information has changed.

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

We are new to CMT!

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:

Friend/Relative \_\_\_\_\_ Phone Number \_\_\_\_\_

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 and requests must be submitted with registration. 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 REGISTRAR USE ONLY

CMT Registration Cost	Circle Amount
1 child	\$500.00
2 children	\$800.00
3 or more children	\$1000.00

Scholarship Donation (tax deductible): \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

CHECK# \_\_\_\_\_

Scholarship application attached.

Amount requested: \_\_\_\_\_