

READ's Reading and Writing Camp!

Please print! Complete one form per family.

1. Name(s) of Child/Children: _____

2. Grade(s) child/children will be entering in the fall: _____

3. Address: _____

4. Phone Number: _____

5. Parent/Guardian Name: _____

6. Parent/Guardian Contact Information:

Home phone number: _____

Work phone number: _____

Cell phone number: _____

Email Address: _____

7. \$449/week. Two or more children at \$399 each. 10% Bring a Friend Discount (for both you and your friend). 25% Current Client/Formal Client Discount.

Amount enclosed: _____

8. List any allergies or medical conditions that **READ** should be aware of:

9. I agree to the following terms and conditions:

A. I, the parent/guardian, will provide a snack, a lunch, and drinks for my child/children each day. I agree not to send any peanut products.

B. I, the parent/guardian, give permission for **READ** to have my child/children transported by Howard County emergency personnel to the nearest hospital in the event of an emergency.

C. On behalf of my child/children and myself, I agree to hold **READ** and its staff harmless from any and all claims for damages unless due to the sole negligence of **READ** and its staff.

Signature of parent/guardian: _____

Date: _____

10. **READ** would like to take photos that may include your child/children. The photos will be placed on **READ's** website, without naming him/her/them. Please indicate your consent by signing below.

Signature of parent/guardian: _____

Please mail this registration form and your check (made payable to **READ**) to the following address by May 30:

READ
2921 Montclair Drive
Ellicott City, MD 21043