

Camp Cheng Application

1st Child Applicant

Last Name:

First Name:

Preferred Name or Nickname (*optional*):

Female Male Graduated Grade: _____

Birthday: ___ / ___ / _____ Age: _____

Medical History

Concerns we need to know and/or address
(i.e.: extreme shyness, hyperactivity, anger issues , etc):

Record of Recent Illness, Hospitalization, or Injury:

Known Allergies or Sensitivities:

Current Medication:

2nd Child Applicant

Last Name:

First Name:

Preferred Name or Nickname (*optional*):

Female Male Graduated Grade: _____

Birthday: ___ / ___ / _____ Age: _____

Medical History

Concerns we need to know and/or address
(i.e.: extreme shyness, hyperactivity, anger issues, etc):

Record of Recent Illness, Hospitalization, or Injury:

Known Allergies or Sensitivities:

Current Medication:

Additional Information ...to help us better serve your children (opt):

Parent or Guardian

Contact Information

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: (____) _____ Cell Phone: (____) _____

Email _____ Relationship to child(ren): _____

Field Trip Permission

I give permission for my children to attend activities outside of the Cheng's Martial Arts School facility. X _____

Emergency Information

In case of an emergency, I give permission to call 911 and for my child to receive medical treatment. X _____

If I cannot be contacted during such an emergency, please contact:

Name: _____ Telephone Number: (____) _____

Name: _____ Telephone Number: (____) _____

Sessions: "Basic Camp" (\$165 per wk) _____ Film Camp (\$350 2 wks) _____

Session	Date (Mon-Fri, MM/DD)	Kids (#)	Date Paid	Method	Amount Paid	Initial (Staff)
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Registration Fee (\$20) per child		_____	____/____	_____	\$ _____ - _____	
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1	June 25 to June 29	_____	____/____	_____	\$ _____ - _____	
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2	July 01 to July 06	_____	____/____	_____	\$ _____ - _____	
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3	July 09 to July 13	_____	____/____	_____	\$ _____ - _____	
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4	July 16 to July 20	_____	____/____	_____	\$ _____ - _____	
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5	July 23 to July 27	_____	____/____	_____	\$ _____ - _____	
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6	July 30 to August 03	_____	____/____	_____	\$ _____ - _____	
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Payment Agreements

I agree to pay the full, non-refundable amount for each session by 5: 00pm on the Monday one week prior to the start of each session my children are attending.

Parent / Guardian Signature: _____ Date: _____