

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, et cetera):

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, et cetera):

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 (optional): _____ Relationship to child(ren): _____

Trip Permission if needed

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

Emergency Information

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

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

Name: _____ Telephone Number: (____) _____

Name: _____ Telephone Number: (____) _____

Summer Sessions

Date	Deposit \$ _____	Kids (#)	Method	Date Paid	Initial Paid (Office – Payee)
June	_____	_____	_____	_____	_____ - _____
			_____	_____	_____ - _____
July	_____	_____	_____	_____	_____ - _____
			_____	_____	_____ - _____
July	_____	_____	_____	_____	_____ - _____
			_____	_____	_____ - _____
July	_____	_____	_____	_____	_____ - _____
			_____	_____	_____ - _____
July	_____	_____	_____	_____	_____ - _____
			_____	_____	_____ - _____
Aug	_____	_____	_____	_____	_____ - _____
			_____	_____	_____ - _____
Aug	_____	_____	_____	_____	_____ - _____

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. All monies are non-refundable. _____ (initial)

Parent / Guardian Signature: _____ Date: _____