

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): _____

Field Trip Permission

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 24-28	_____	_____	_____	_____	_____ - _____
July 1-5	_____	_____	_____	_____	_____ - _____
July 8-12	_____	_____	_____	_____	_____ - _____
July 15-19	_____	_____	_____	_____	_____ - _____
July 29-Aug 2	_____	_____	_____	_____	_____ - _____
Aug 5-9	_____	_____	_____	_____	_____ - _____
Aug 12-16	_____	_____	_____	_____	_____ - _____

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: _____