

## Quincy's Camp Broadway Summer Session Registration Form

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Last Name	First Name	MI
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Street Address

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City	State	Zip
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Home Phone	Email	Cell Number
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School	Grade	Age
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Parent

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Workplace

I hereby authorize the Staff and Directors representing Quincy Children's Corner to give consent for any and all necessary emergency medical and First Aid for my child (listed above) while said child is in said individual's custody.

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Parent/Guardian

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Date

**Please indicate the dates you wish to enroll your child in:**

- Grades 3 ~ 7     July 7 ~ 11 & July 14 ~ 18, 2008 10 am ~ 12 noon
- Grades 8 ~ 12     July 7 ~ 11 & July 14 ~ 18, 2008 1 pm ~ 3 PM

Enclosed is my payment of \$\_\_\_\_\_

A **non-refundable** deposit of \$50.00 is due with registration form in order to reserve one camp space.

Make checks or money order payable to: **Children's Corner**

Please mail payments to **Children's Corner ~ PO Box 2313 Quincy, MA**

**02269~2313**. All remaining payments must be made in full on or before the first day of camp. For further information, call 617 ~ 786 ~ SHOW (7469) or email us at [jfm@jmproductionspresents.com](mailto:jfm@jmproductionspresents.com)