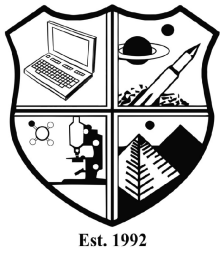


# Brisbane Academy Preparatory School

## Summer STEAM Activity Camp Registration Form

Interested in attending (check all that apply):



All (8) weeks (June 19 - August 11)

OR

- |  |   |
|--|---|
| <input type="checkbox"/> Week #1 (June 19 - 23)      | <input type="checkbox"/> Week #5 (July 17 - 21)         |
| <input type="checkbox"/> Week #2 (June 26 - 30)      | <input type="checkbox"/> Week #6 (July 24 - 28)         |
| <input type="checkbox"/> Week #3 (July 3 - July 7)   | <input type="checkbox"/> Week #7 (July 31 - August 4)   |
| <input type="checkbox"/> Week #4 (July 10 - July 14) | <input type="checkbox"/> Week #8 (August 7 - August 11) |



How did you hear about the STEAM Camp? \_\_\_\_\_

### Camper and Family Contact Information

Camper's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Name camper prefers to be called \_\_\_\_\_ Registration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Best contact method \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Best contact method \_\_\_\_\_

### Emergency Contact Information

(Please provide two additional people, other than parent/guardian.)

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Home Phone # \_\_\_\_\_ Contact Work Phone # \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Home Phone # \_\_\_\_\_ Contact Work Phone # \_\_\_\_\_

**Alternate Pick-up Person(s)**

(Please provide names of additional people, other than parent/guardian, who are authorized to pick camper from camp facility)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Safety Information**

(Please list all known conditions so we may accommodate your camper's needs.)

Does your camper have any medical conditions, allergies, or special needs the staff should be informed about? If so, please indicate below:

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Does your child have any behavioral or emotional issues the staff should be aware of? If so, please indicate below:

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Is your child taking any medications to treat these, or any others conditions? Is so, please list:

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**Please return application with \$25 non-refundable application fee to:**

Brisbane Academy Preparatory School  
ATTN: Summer STEAM Activity Camp  
5901 Statesville Road  
Charlotte, NC 28269

**Please do not pay tuition at this time.** Only submit the registration form and fee. Contact the school directly to confirm camp registration and enrollment.

For more information call 704-598-5208, or e-mail [baprep@bellsouth.net](mailto:baprep@bellsouth.net)

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Brisbane Academy Preparatory School follows an open admissions policy, whereby qualified candidates are admitted without regard to sex, race, national or ethnic origin, disability or religion.**