

# Brisbane Academy Preparatory School

## Enrichment Camp Registration Form

Interested in attending? (check all that apply):

All (10) weeks (June 11, 2018 - April 19, 2019)

OR

Week #1 (June 11-15)

Week #2 (June 18-22)

Week #3 (June 25-29)

Week #4 (July 2-6)

Week #5 (July 9-13)

Week #6 (Aug 27-31)

Week #7 (Oct 15-19)

Week #8 (Feb 19-22)

Week #9 (Apr 8-12)

Week #10 (Apr 15-19)



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How did you hear about the Enrichment 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 \_\_\_\_\_

With whom does the scholar reside? \_\_\_\_\_

### 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?

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Does your child have any behavioral or emotional issues the staff should be aware of?

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Is your child taking any medications to treat these, or any others conditions?

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

Brisbane Academy Preparatory School  
ATTN: Enrichment 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.**