



SUPER HAPPY HEALTHY KIDS WWW.SUPERHAPPYHEALTHYKIDS.COM

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Join Our Movement to Stamp Out Meanness and Bullying™. Our mission is changing lives with kind words and kind acts™

HOLIDAY CAMP APPLICATION FORM

- ☐ Mid-Winter Recess 02/18/19 - 02/22/19 Monday-Friday 8:30 AM – 4:30 PM
☐ Spring Recess 04/22/19 - 04/26/19 Monday-Friday 8:30 AM – 4:30 PM

Includes: Healthy Breakfast, Lunch, Snacks, Material and Registration Fees

(\$450/week). Save \$50 if you register by 2/8/19 (\$400/week).

Save \$150 if you register for both by 2/8/19 (\$375/week).

Student's Last Name: _____ Student's First Name: _____ Sex: M / F

Address: _____

Apt: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Phone (H): _____ (M): _____

Email Address: _____

Teacher's name: _____ Class Rm #: _____

Parents or Guardian's Name/s: _____

Dad: _____ Phone: _____

Mom _____ Phone: _____

Who else will be picking up your child?: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Any Allergies?: _____

Anything we need to know about your child(ren)?: _____

Student/parent/guardian hereby releases, discharge and absolves, NYC DOE, P.S. 19 Asher Levy School, P.S. 110 Florence Nightingale, Children's Workshop School, Esther Yang, Super Happy Healthy Kids, Simple Healthy Living and its agents and employees of and from any and all liabilities and responsibility for any and all accidents and/or injuries students may sustain during promotion and/or class whether the same are caused by or attributed to the negligence, P.S. 19 Asher Levy School, P.S. 110 Florence Nightingale, Children's Workshop School, I, Esther Yang, Super Happy Healthy Kids, Simple Healthy Living, or the negligence of its agents and/or employees. The applicant/parent/guardian consents to the use of, and waives any compensation for all picture, media coverage, etc. by Esther Yang, Super Happy Healthy Kids, Simple Healthy Living or those designated by them. All fees are non-refundable and non-transferable. As a safety issue, we have the right to expel any child/family that is abusive to our participating kids and team members.

Parent's/Guardian's signature: _____ Date: _____

Credit Card Information:

Name on the Card: _____

Card Number: _____

Address: _____

Zip Code: _____ Phone: _____ Email: _____

Type of Card: _____ Exp: _____ Security Code: _____ Amount \$ _____

Authorization Signature: _____