



(Please place photo of child here)

PARENT – TEACHER’S CONFERENCE CAMP APPLICATION

Student’s Last Name: _____ **Student’s First Name:** _____ **Sex:** M / F
School: _____
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)?: _____

Thursday, March 15, 2018, 11:30 AM – 5:30 PM

Investment: \$75/child

Includes: Organic Lunch, 2 Organic Snacks, Material and Registration Fees

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, 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 or Guardian: _____ **Date:** _____

Credit Card Information:

Name on the Card: _____
Card Number: _____
Address: _____
Zip Code: _____ **Phone:** _____ **Email:** _____
Card Number: _____
Type of Card: _____ **Exp:** _____ **Security Code:** _____ **Amount \$** _____
Authorization Signature: _____