

**Oak Grove Summer Youth Academy 2019
Registration Form**

Ages 5 and up

JUNE 25, 2019 – August 16, 2019

Monday – Friday

Breakfast 7:30 am to 8:30 am

Camp 8:00 am to 6:00 pm

Latch Key 6:00 pm to 6:30 pm

Director - Stephanie Henyard, MAT – Secondary Educa on

Assistant Director - Ny'Ea Reynolds, BA – Broadcast Cinema c Arts

Coordinator Rev. Marshiki Huggins, MA, LLPC

FEES:

Cost Per Week: 1 Child - \$85.00, 2 Children – \$145.00, and 3 Children – \$190.00

Latch Key \$10 per day

Non-Refundable Registra on Fee \$25 (includes camp T-Shirt for one child. Each addi onal t-shirt \$15)

All Registra on fees to be paid in full by August 9, 2019.

Please see Rev. Marshiki Huggins or the Church Office to make payments.

Make checks payable to *Oak Grove AME Church*. Please note *SYA 2019* on comment line.

Insufficient Funds will incur a \$35 charge.

Parent/Guardian Name _____

Home Phone (area code): _____

Cell Phone (area code): _____

Address _____

City _____ **State** _____ **Zip Code** _____

Emergency Contact Name #1: _____ **Relation:** _____

Home Phone #: _____ **Cell Phone:** _____

Emergency Contact Name #2: _____ **Relation:** _____

Home Phone #: _____ **Cell Phone:** _____

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Child #1:

Child's Name _____ Age _____

Last Grade Completed _____ T-shirt size _____ child or adult (circle one)

Please list any allergies or physical conditions as well as any special procedures that should be followed in the event of a medical emergency:

Please provide the following information:

Does this child have health insurance? Yes No

Insurance carrier _____ Identification No.: _____

Name of policy holder _____ Group No.: _____

_____ Group No.: _____

Child #2:

Child's Name _____ Age _____

Last Grade Completed _____ T-shirt size _____ child or adult (circle one)

Please list any allergies or physical conditions as well as any special procedures that should be followed in the event of a medical emergency:

Please provide the following information:

Does this child have health insurance? Yes No

Insurance carrier _____ Identification No.: _____

Name of policy holder _____ Group No.: _____

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Child #3:

Child's Name _____ Age _____

Last Grade Completed _____ T-shirt size _____ child or adult (circle one)

Please list any allergies or physical conditions as well as any special procedures that should be followed in the event of a medical emergency:

Please provide the following information:

Does this child have health insurance? Yes No

Insurance carrier _____ Identification No.: _____

Name of policy holder _____ Group No.: _____

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1. The Administration reserves the right to suspend your child/children in cases of uncontrollable behavior with no liability for a refund.
 2. A \$5.00 late fee will be assessed for every fifteen minutes past 6:00 PM. Your child/children will not be able to return, unless the late fee is paid by the end of the day.

By signing you agree to all of the conditions on this registration form.

Signature _____ Date _____

For Staff Only:

Total Cost _____

Amount Paid at Registration _____

Registration Date _____

Balance Due _____

Registered by _____