

Bridging the Gap Advocacy - After School Camp Experience!!!

REGISTRATION FORM

PARTICIPANT INFORMATION – Please print legibly.

Last Name: _____ First Name: _____

Gender: _____ Age: _____

Grade Attending: _____ T-Shirt Size: _____

Home Address: _____

City: _____ State: _____ Postal Zip Code: _____

Home Phone (Include Area Code): _____ Cell: _____

Parent Email: _____ @ _____



Please list ADA Accommodations needed: _____

Mother's Name: _____ Father's Name: _____

Mother's Day Phone: _____ Father's Day Phone: _____

Mother's Cell's: _____ Father's Cell: _____

Persons Authorized to pick up child: _____

(Please provide a copy of their ID)

Emergency Contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health issues: _____

Payments: Tuition may be paid by cash or by check to: **Bridging the Gap Advocacy**

Registration Fee: \$20 per child

Weekly Fees: Per child \$45

Contact: Calvin Whitmire, President of the Bridging the Gap Advocacy

Phone: 864-200-1144

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Please do your best to attend the Bridging the Gap|After School Experience, every day. We do not provide make-ups or refunds.

- A \$5 fee will be charged for every 15 minutes late.