

SUMMER CAMP REFERRAL FORM:

Believers Academy Summer Enrichment Program Student Information

Student _____ D.O.B. ___/___/___ Age _____

Address _____ Apt # _____ City _____

State _____ Zip _____ Telephone _____ Last 4 digits of SS# _____

Referring Agency: _____ Agency Rep. _____

Gender: () Female () Male
() Native American () Asian () AA () Caucasian () Hispanic () Other

Select the student grade level

K () 01 () 02 () 03 () 04 () 05 () 06 () 07 () 08 () 09 () 10 () 11 () 12 ()

Parents/Legal Guardian/Agency Information

Whom does the student reside with: () Parents () Mother () Father () Guardian () Sibling () Agency

Name: _____ Relationship: _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Cell _____ Email _____

Camp session dates and cost:

() Session 1: 6/6-6/21
() Session 2: 6/27-7/12
() Session 3: 7/15-7/30

Shirt size:

Youth size: () S () M () L () XL
Adult size: () S () M () L () XL

CAMP HOURS: 9AM-2PM TRANSPORTATION AND LUNCH PROVIDED

Cost Per Session: \$750.00

TOTAL COST: \$ _____ **APPLICATION DEADLINE IS MAY 24, 2024**

FINANCIAL RESPONSIBILITY:

(PLEASE CHECK PERSON RESPONSIBLY FOR PAYMENT AND IF THEIR WILL BE A SPLIT COST)

() Parent/guardian AMOUNT: \$ _____

() Agency AMOUNT: \$ _____

NAME: _____ ADDRESS: _____

PHONE: (____) _____ - _____

Deposit due on or before May 24, 2024, full payment due before start of session.

INTAKE PACKAGE MUST BE COMPLETED BEFORE START OF SESSION.

OFFICE USE ONLY:

Y () N () DEPOSIT PAID DATE: ___/___/___ Y () N () FULLPAYMENT RECEIVED DATE: ___/___/___
AMOUNT RECEIVED: \$ _____ AMOUNT OWED: \$ _____