



Spanish Immersion Summer Camp

AME affords equal opportunity to all students, members, employees and prospective students, members, and employees without regard to race, color, sex, gender, sexual orientation, religion, age, marital status, disability, veteran status or national origin or other criteria protected by law.

2016 Summer Spanish Camp Registration Form

This form may be submitted for enrollment in multiple sessions.

Session #1 (Two weeks) 6/13– 6/24, 2016 __

Session #2 (One week) 7/11– 7/15, 2016 __ Session #3 (One week) 7/18- 7/22, 2016 __

Child's Full Name:	Child's Preferred Name: _____ Age: _____ Male: ____ Female: ____ Birth Date: _____
Home Address:	Fall 2017 Grade: 1 st / 2 nd / 3 rd / 4 th (circle one)
Language Spoken @ Home:	Father/ Guardian/ Sponsor Name:
Mother/ Guardian/ Sponsor: Name:	
Address:	Address:
City, Zip:	City, Zip:
Occupation:	Occupation:
Company:	Company:
Business Phone:	Business Phone:
Home Phone:	Home Phone:
Cell phone:	Cell phone:
e-mail:	e-mail:
Other contact information:	Other contact information:
Health: Allergies:	School where currently enrolled:
Restrictions:	Do you require 8 a.m. child care?
Physical Considerations:	Is your child vegetarian?
Special Needs:	

AME must receive payment in full at the time of registration. AME accepts cash, check or credit cards. AME requires 14 day notice to alter or withdraw from any week(s) of attendance. Advance payment will be refunded with proper notice.

Parent/Sponsor Signature _____ Date: _____