




LOCATION:
1503 NC HWY 62 EAST
CLIMAX, NC 27233
(336) 674-2321



MAILING ADDRESS:
4811 HILLTOP ROAD
GREENSBORO, NC 27407
(336) 292-6957

FOR CHILDREN ON THE GROW...
3-5 YEAR OLDS
REGISTRATION FORM

Please complete this registration form (front and back) and submit with \$25 deposit to the above mailing address.

2012 SPRING SCHEDULE TUESDAY MORNINGS 9AM -NOON		
<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<p>Winter Backyard Birds</p> 	<p>Jr. Wilderness Explorers</p> 	<p>Jr. Ecoscapers: Creating an eco-friendly garden</p> 
<p>Registration Fees: \$45 per month / \$10 discount if register in full A non-refundable deposit of \$25, which is applied to the total fee, is due with this application.</p>		

Name _____
(First) (Last) (Preferred)

Male Female Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Home # (____) _____ Email _____

Father's Name _____

Work # (____) _____ Cell # (____) _____

Mother's Name _____

Work # (____) _____ Cell # (____) _____

Parents/Guardians with Legal Custody _____

Address/Phone (if different) _____

Quaker Meeting/Other Church Membership _____

CREDIT CARD PAYMENT

Visa Mastercard Account Number: _____ Amount: _____
Cardholder's Name _____ CVC # _____ (3 digit) Exp. Date: _____

PLEASE PRINT

SIGNATURE

This transaction will appear on your statement as charged to NC Yearly Meeting. This information will be kept confidential in a secure location.

HEALTH INFORMATION

Child's Name: _____

In an emergency please notify:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Physician's Name: _____ Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip)

Does your child have any allergies (including food allergies and dietary restrictions)? _____

Please list any health issues of which we need to be aware (i.e. heart condition, diabetes, asthma, etc...):

Please list medications taken on a routine basis (including over-the-counter/non-prescription):

Health Insurance Company: _____

Policy Holder's Name _____ Policy Number _____

*Due to the nature of this program we prefer that children are potty trained. Please call with any exceptions.

Authorization and Release: I hereby grant permission to Quaker Lake Camp and the North Carolina Yearly Meeting of Friends to make and use photographs, videos and/or likenesses of my child, together with any articles, statements, music or art written or created by my child, to be used for any lawful purposes in connection with the promotion and activities of Quaker Lake Camp and the North Carolina Yearly Meeting of Friends.

Parent/Guardian: _____
Signature Printed Name Date

Please mail your completed form to:
North Carolina Yearly Meeting
4811 Hilltop Road
Greensboro, NC 27407

COME EXPLORE WITH US!