

# YOUNG WRITERS' ACADEMY (SUMMER 2010)

(Please complete a registration form for each student)

STUDENT INFORMATION			
Child's Name:		Grade Level Your Child Will Enter Fall 2010 (circle one) 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	
Parent Name:	Email Address	Preferred Phone Number: (    )	
Street address:		Alternative Phone Number: (    )	
P.O. box:	City:	State:	ZIP Code:
Why did you choose this camp? (please check one box):		<input type="checkbox"/> Referred by _____	<input type="checkbox"/> Google/Online Ad
<input type="checkbox"/> Kansas City Star Summer Camp Guide	<input type="checkbox"/> Blue Springs Art Fair	<input type="checkbox"/> Other _____	

EMERGENCY INFORMATION		
(Write Brained Learning has purchased liability insurance for all campers.)		
Emergency Contact:	Relationship:	Phone Number: (    )
Doctor's Name:	Phone Number: (    )	
Medical Conditions: (if any)		

PAYMENT INFORMATION	
(Payment must be received before camp begins.)	
Which session will your child attend? (circle one)	
Morning Session (9-12)	Afternoon Session (1-4)
Cost: (includes snack and materials) Early Registration \$75 (Before May 1) Registration \$100	Payment Information: (please check one box) <input type="checkbox"/> Check enclosed (Payable to Write Brained Learning) <input type="checkbox"/> I would like to pay by credit card. Please invoice me. <input type="checkbox"/> Gift Certificate enclosed

VIDEOTAPE/PHOTO RELEASE	
I give my permission to reprint, without charge, any photographs of myself or my child taken at the Young Writers' Academy. These photographs may be published at a future date in various Write Brained Learning publications, advertisements, websites and/or flyers.	
_____	_____
<i>Patient/Guardian signature</i>	<i>Date</i>

Please send form and payment to:

Write Brained Learning  
3301 Shadow Glen Drive  
Blue Springs, MO 64015

*You will receive a confirmation email verifying your child's enrollment upon receipt of registration form and payment.*