

**CAMP EXCEL
ENROLLMENT APPLICATION
2010**

I wish to enroll my child in these sessions of Camp Excel (check the appropriate camp).

<i>June 14 - 18</i> _____	<i>July 6 - 9</i> _____	<i>July 26 - 30</i> _____
<i>June 21 - 25</i> _____	<i>July 12 - 16</i> _____	<i>August 2 - 6</i> _____
<i>June 28 - July 2</i> _____	<i>July 19 - 23</i> _____	<i>August 9 - 13</i> _____
		<i>August 16 - 20</i> _____

Child's Name _____

Home Address _____

Apartment Complex Name _____ *Apartment #* _____

City _____ *State* _____ *Zip* _____

Home Phone _____ *Birthdate* _____ *Age* _____

Mother _____ *WorkPhone* _____ *Cell Phone* _____

Father _____ *WorkPhone* _____ *Cell Phone* _____

TRANSPORTATION:

Transportation to/from the facility is offered for an additional fee. Please indicate if you wish this service.

Yes _____ *No* _____

Complete the following if you want your child picked up at a destination other than your home:

_____ *Address* _____ *Apartment Complex Name* _____ *Apartment Number*

_____ *City* _____ *Zip Code* _____

_____ *Contact Person* _____ *Phone*

Alternate Contacts: Name: _____ *Phone* _____

Name: _____ *Phone* _____

MHMR Case Worker: _____ *Phone* _____

Return your completed application to The Excel Center, 1220 W. Presidio St., Ft. Worth, Tx. 76102, along with a \$50 per session application fee to hold your spot on the roster. This fee is non-refundable; however, it will be deducted from the fee per session. If you have any questions or concerns, please contact the Intake Counselor at (817)333-2744.

MAKE CHECK PAYABLE TO THE EXCEL CENTER

AUTHORIZATION AND CONSENTS:

Authorization and Permission on behalf of my child _____ is given for representatives of The Excel Center to:

1. Transport my child for the purpose of scheduled activities.
2. Take my child on regularly scheduled swimming activities. (If applicable.)
3. Transport my child in case of an emergency to:

_____. I also consent and authorize representative of the
(list preferred hospital)
The Excel Center to authorize (in my absence) emergency medical treatment at the above designated hospital.

4. Receive emergency medical treatment at Cook's children Medical Center in the event that they are closer than my previously designated medical treatment facility.

MEDICATION: Please list name and frequency.

<i>Name</i>	<i>Frequency</i>
1. _____	_____
2. _____	_____
3. _____	_____

Child's Physician _____ Phone _____

Please attach a copy of the front and back of your insurance card for use in case of a medical emergency.

This is to verify that the staff of The Excel Center has permission to call in case of an emergency:

Name *Home Phone*

Address *Business Phone*

Signature, Parent/Guardian *Date*

CAMP EXCEL

Authorization and Permission on behalf of my child, _____,

is given for representatives of the Excel Center to administer medication, _____

_____, which has been properly prescribed and which I
have provided to the Excel Center in a properly labeled prescription bottle.

Parent/Guardian *Date*