Camp Upward Bound Registration

Camper Information

Each camper must fill out a separate registration form

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____
Age: _____ DOB: _____

School Information

School: _____
County: _____
State: _____
Entering Grade: _____
Church Affiliation: _____

	Weeks Attending
Week 1 June 15-19	○
Week 2 June 22-26	○
Week 3 June 29-July 3	○
Week 4 July 6-10	○
Week 5 July 13-17	○
Week 6 July 20-24	○
Week 7 July 27-31	○

CUB Fees

- Registration Fee $40
- Multiple Child Discount $130 per child per week
- **(Special)** Pay at Registration $130/week
- Weekly Basis $140
- Lunch $5.00 per day (optional)

Early Care and After Care

The traditional camp day is 9 AM - 5 PM. Early Care and After Care will be available for an additional fee of $3.00 per half/hour or fraction thereof.

Early Care: 7:30 AM - 9:00 AM
After Care: 5:00 PM - 6:00 PM

Payment must be made in full by the Friday before each camp week.
Checks payable to: **Sligo Adventist School**
8300 Carroll Avenue, Takoma Park, MD 20912

Camper's Health Record (History)

- ○ Frequent sore throats
- ○ Sinusitis
- ○ Bronchitis
- ○ Sleepwalking
- ○ Athletes Foot
- ○ Seizures
- ○ Headaches
- ○ Constipation
- ○ Kidney Problems
- ○ Ear Infections
- ○ Stomach Upsets

Current Immunizations

D.T. Booster Date: _____
Tetanus Date: _____
Polio Date: _____
M.M.R. Date: _____

Allergies

- ○ Nuts
- ○ Bee Stings
- ○ Plants
- ○ Food _____
- ○ Medication _____
- ○ Other _____

Physician's Name _____ Phone _____
Insurance Provider Name _____ Phone _____

In case of surgical emergency, I hereby give the physician selected by the CUB Director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery of my child.

Parent/Guardian Signature _____ Date _____

We are in favor of the above child participating in all activities of Camp Upward Bound. As parents or legal guardians, we release Camp Upward Bound, Sligo Adventist School and team leadership from liability in case of accident or illness.

Parent/Guardian Signature _____ Date _____ SSN _____
Print Name _____ Home Phone _____
Work Phone _____ Cell Phone _____