



# At Western Montgomery CTC 2014

77 Graterford Road  
Limerick, PA 19468  
(610) 489-7272

Date received: \_\_\_\_\_  
Check # \_\_\_\_\_

## REGISTRATION FORM ONLY ONE STUDENT PER FORM, PLEASE PRINT CLEARLY.

Student: \_\_\_\_\_ School District: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ (Entering Grades 5-8) Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**My son/daughter will attend 2014 Summer Day Camp (Please check appropriate line and circle course selection):**

**\$85 PER SESSION**

\_\_\_\_\_ Session 1: July 7-11 9:00 – 12:00      \_\_\_\_\_ Session 2: July 14-18 9:00 – 12:00

### **COURSE SELECTIONS**

#### **Beauty School Boot Camp**

Shampooing, braiding, facials, nail art, manicures, and more!

#### **Cool It, Build It, Race It (Session 1 only)**

Make ice cream, build projects for friendly competitions & more!

#### **Creativity in Bloom**

Create your own flower or herb box, wreaths, seasonal decorations, arrangements & go planting!

#### **Culinary Essentials**

Learn cooking & baking skills.

#### **Junior Police Cadet Program**

Crime scene analysis, fingerprinting, physical conditioning, self-defense and more!

#### **Let's Build it Together (Session 1 only)**

Get busy building in this woodworking environment using the real tools of the trade.

#### **Rev Up Your Engines**

Build race track & mini-race cars for friendly competitions and more!

### **ALL PROGRAMS MAY INCLUDE PHYSICAL ACTIVITY AND TEAM EVENTS**

My non-refundable check in the amount of \$ \_\_\_\_\_ is enclosed.

If a course selection is not available, notification by June 30, and a full refund will be made.

The WMCTC does not discriminate on the basis of race, color, national origin, sex, disability or age.

**Parent/Guardian Consent Form**

I consent to allow my child to receive emergency first aid administration by trained personnel at WMCTC. If his/her condition should require treatment by a doctor, and I cannot be reached, I give my permission for him/her to be transported to a hospital. I will assume necessary transportation and medical expenses, if any.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this form & check payable to WMCTC to: Kathy Lewis, WMCTC, 77 Graterford Rd., Limerick, PA 19468 by Registration Deadline of June 30, 2014.**

\*\*\*\*\*

**Please Complete Medical Information Below**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
(Name) (Address)

Name of Preferred hospital: \_\_\_\_\_

Allergies? To What \_\_\_\_\_ Physical Limitations \_\_\_\_\_

Name of medication(s) taken \_\_\_\_\_ Reason \_\_\_\_\_

Please indicate if your child has any of the following:

Condition	Yes	No	Condition	Yes	No
Asthma			Kidney		
Convulsion/Seizures			Heart		
Eyeglasses/Contacts			Hearing		
Takes Meds @ Home			Other		