

MILWAUKEE COLLEGE PREP – Lloyd Street Campus  
MCP CAMP REGISTRATION FORM YR 2017-2018

Office Use Only

Family Balance is at \$0 (if there is a balance, we cannot accept registration at this time)

Registration Fee:

Check # \_\_\_\_\_  Cash  Credit

Receipt # \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Full Name

First	Last	Sex	Birthday Mo/Day/Yr	Age	Grade
_____	_____	M / _ F	_____	_____	_____
_____	_____	M / _ F	_____	_____	_____
_____	_____	M / _ F	_____	_____	_____
_____	_____	M / _ F	_____	_____	_____

Weekly Camp Hours – Please check/circle camp hours/days needed:

\_\_\_\_\_ 6:30am-7:20am \$3.50 M T W TH F

\_\_\_\_\_ 3:45pm-4:30pm \$3.50 M T W TH F

\_\_\_\_\_ 4:30pm-5:30PM \$3.50 M T W TH F

**Camp Ends at 5:30pm**

**\*\*If a child is still in the building after 5:30pm, they will be charged \$1.00 starting at 5:31pm\*\***

\*\*\*Camp privileges will be suspended if the account exceeds \$50.00\*\*\*

**A REGISTRATION FEE OF \$10.00 PER CHILD OR \$25.00 PER FAMILY IS REQUIRED by Oct. 1,  
AFTER Oct 1<sup>st</sup> fee of \$25 PER CHILD OR \$40 PER FAMILY IS REQUIRED**

1 Child \_\_\_\_\_ X \$10.00 = \$\_\_\_\_\_ OR \$25.00/Family \_\_\_\_\_

Child(ren) resides with (please check) Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Departure procedure for your child(ren) – Please check one.

\_\_\_\_\_ My child(ren) will be picked up

\_\_\_\_\_ My child(ren) will walk home (at what time? \_\_\_\_\_)

**PLEASE LIST ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD(REN)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

**PARENT PERMISSION**

I give permission for my child(ren) to participate in the MCP Camp program. I declare that the above information is correct. I understand that Milwaukee College Prep is not obligated to provide Before and After Camp services. I agree to pick my children up before 5:30pm (\$1.00 per minute late fee assessed after 5:30) and agree to pay any fees / late pick-up fees incurred. I understand that in order to register for Camp, my family account balance must be at \$0 and my child will be suspended from Camp if my account exceeds \$50.00. I agree that if a health condition exists which would limit his/her participation in any activity; I have already notified the MCP Camp on a Health History Form. I agree to comply with the disciplinary procedures outlined in the Camp Family Handbook.

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

\_\_\_\_\_  
Date