**MUSHC The Independence Movement Camp Registration**

**Summer, 2024**

|  |  |  |
| --- | --- | --- |
| **Client:** | **DOB:**  | **Age:** |
| **Primary Contact:**  | **Relationship to client:**  |
| **Contact Information. Please write in order of preferred means of contact.** |
| **Order of contact** | **E-mail or phone number**  | **Client, Mother, Father, Spouse, etc.** | **Leave a message? Y/N** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**For your child’s safety, the independence movement will release your child only to the following person(s):**

**Name/phone number:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is important for our planning for your child to be dropped off at 9:00 and picked up at 12:00. Initial: \_\_\_\_\_\_**

**My child will attend all days of camp June 10-June 27 (M-Th). Initial: \_\_\_\_\_\_\_\_**

**My signature indicates that I understand the pick-up/drop-off and attendance policy and will abide by it.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian/Caregiver)**

**Enrollment for camp will be determined by February 12, 2024.**

**Email completed form to SPPA Office Associate:** **kristina.fields@marquette.edu**