



# Heritage Education Group

Heritage Camp - Summer Enrichment Program

## Registration

DATE: \_\_\_\_\_

### SECTION ONE-Parent/Guardian Information

NAME

Title: Mr., Mrs., Ms. Miss \_\_\_\_\_ Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Other Name (If Applicable) \_\_\_\_\_

Address: Street Address City State Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile Job \_\_\_\_\_

### SECTION TWO - Student Information

Child's First Name / Last Name \_\_\_\_\_

Child's Alias (if applicable) \_\_\_\_\_

Male / Female Age Date of Birth \_\_\_\_\_

Special Needs: IEP Plan \_\_\_\_\_

What grade will your child be enrolling in September?

Please circle your answer.

K 1 2 3 4 5 6 7 8

Session 1: Enrolled

FOR OFFICIAL USE ONLY

Date of Registration deposit:

Number of children enrolled \_\_\_\_\_ X \$150.00 each =

\$ \_\_\_\_\_ .00

Collected by: \_\_\_\_\_ Receipt # \_\_\_\_\_