

Ph: 704.487.7777  
Fax: 704.471.2088



Mail or Deliver to:  
**HarvestWorks, Inc.**  
891 North Post Rd.  
Shelby, NC 28150

## HARVEST WORKS SUMMER CAMP REGISTRATION

Please print legibly and include your registration fee.

**Program Start Date** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Child's first name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_ **Race** \_\_\_\_\_

**Physical conditions/Special needs** \_\_\_\_\_

**Medications/Allergies** \_\_\_\_\_

To better serve your child, please indicate if he/she has been diagnosed with any of the following:

\_\_\_ ADD/ADHD \_\_\_ Convulsions \_\_\_ Bleeding/Clotting Disorder \_\_\_ Autism \_\_\_ Aspergers

\_\_\_ Fragile X \_\_\_ Cerebral Palsy \_\_\_ Bipolar Disorder \_\_\_ Tourettes \_\_\_ Rhett Syndrome

\_\_\_ Down Syndrome \_\_\_ Chronic Health Problems \_\_\_ Asthma/Severe Allergies \_\_\_ Diabetes

\_\_\_ Heart Defect/Disease \_\_\_ Other \_\_\_\_\_ Does this child have an IEP? \_\_\_\_\_

**Childcare Enrichment Program Site** \_\_\_\_\_ **School attending** \_\_\_\_\_

**Attendance** \_\_\_ 1-3 Days \_\_\_ 4-5 Days **Grade in School (2010-2011)** \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Name of Physician** \_\_\_\_\_ **Physician Phone Number** \_\_\_\_\_

### Emergency Contact And Authorized Pick-Up Information:

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Harvest Works has permission for my child to be photographed and/or interviewed for promotional purposes:** \_\_\_ Yes \_\_\_ No

**Harvest Works has my permission for my child to go on special outings:** \_\_\_ Yes \_\_\_ No

**T-Shirt Size** \_\_\_\_\_

*You must choose one of the four options below in order to process your registration . Payment is due before the week of service.*

\_\_\_ I am authorizing Payroll Deduction for my payment

\_\_\_ I will be paying Cash in Advance

\_\_\_ I am authorizing a new bank draft from my checking account and I have attached a voided check.

\_\_\_ I am authorizing a new credit card draft and I have provided all the information below:

**Credit Card Type:** \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

**Name as it appears on card** \_\_\_\_\_ **Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Billing street address** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_