

Charlottesville Writing Center Summer Camp Registration Form

Please print this sheet and check the boxes for which workshop sessions your child will attend. Provide all of the requested information. Then send this sheet in with payment *within no fewer than 2 weeks* before the start of the session you want to the address below. If something is unclear just email or call.

Session 1: June 13 - 17 Creative Writing Grades 3 - 5 <input type="checkbox"/>	Session 2: June 20 - 24 Creative Writing Grades 6 - 8 <input type="checkbox"/>	Session 3: June 27 - July 1 Creative Writing Grades 3 - 5 <input type="checkbox"/>	Session 4: July 11 - 15 Creative Writing Grades 6 - 8 <input type="checkbox"/>	Session 5: July 18 - 22 Creative Writing Grades 3 - 5 <input type="checkbox"/>	Session 6: August 8 - 12 Writers at the Ready: Back to Class: Grades 8 & up <input type="checkbox"/>
--	--	--	--	--	--

CHILD'S NAME	(nickname?:)
PARENT/GUARDIAN NAME	
ADDRESS	Street: City: State: Zip:
PHONE: DAYTIME	
PHONE: CELL/EVENING	
EMAIL (print neatly, please)	
IN CASE OF EMERGENCY CALL	Name: Relationship to you:
Please describe any educational needs your child has (including accelerated learning, learning disabilities, emotional or behavioral disorders). This information will help our staff provide the best instruction for each student.	
Medical conditions or allergies:	
School attending and Grade entering Fall 2011	
How did you find out about this program?	

Almost Done! Please read and sign the waiver on the next page.

Charlottesville Writing Center Summer Camp Registration Form

We give permission to authorized personnel of Charlottesville Writing Center to make a record of our child's activities (e.g. videotape, photos) while engaged in Program activities; we understand that the material obtained may be used for publicity, education and training purposes which would benefit future programs. We give permission for Program Staff to give basic first aid treatment (excluding medications) to our child if he/she becomes hurt/injured during program activities. We further agree to pick up our ill child if notified. We further understand that all information maintained by the Charlottesville Writing Center is confidential and may not be released without expressed consent. It is also understood that our child may be dismissed without refund if breaches of rules and regulations occur, and we assume responsibility for damage to site property caused by our child.

Signature: _____ **Printed Name:** _____

Date: _____

NUMBER OF CLASSES YOUR CHILD WILL TAKE _____ @ \$175.00/ week

\$ Contribution to 2011 Scholarship Fund (adult and children's classes) \$ _____

\$ SUBTOTAL \$ _____

\$ TOTAL ENCLOSED \$ _____

Send Payment (check or money order) to:
Charlottesville Writing Center
PO Box 5608
Charlottesville, VA 22905

Phone 434-293-3702 | www.cvillewrites.org | cvillewriter@mac.com



Charlottesville
Writing Center

Charlottesville Writing Center SUMMER 2011 Writing Camp Registration Form