Bits, Bytes & Bots Computer Adventures
Phone: (914) 218-8175 Email: westchester@bitsbytesbots.com Fax: (914) 363-7755

2012 SUMMER CAMP REGISTRATION

STUDENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____

BIRTH DATE (MM/DD/YY): _____ GENDER: ☐ M ☐ F

HOME ADDRESS: _____

SCHOOL NAME: _____

ALLERGIES OR MEDICAL CONDITIONS:_____

PARENT/GUARDIAN INFORMATION:

LAST NAME: _____ FIRST NAME: _____

HOME/WORK PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT INFORMATION:

LAST NAME:_____ FIRST NAME: _____

HOME/WORK PHONE:_____ MOBILE PHONE:_____

In case of emergency, we will make every effort to contact you and your emergency contacts. If it is not possible to contact any of you, do you give permission to Computer Adventures to:

- Call your doctor: ☐ Yes ☐ No
  Doctor's name:_____
  Doctor's Phone:_____

Take your child to hospital: ☐ Yes ☐ No

- Call an ambulance ☐ Yes ☐ No

I give permission to use images & words of my child in promotional materials and news stories ☐ Yes ☐ No

SESSION/CLASS REGISTRATION

Weekly Sessions/Class Name	StartDate (mm/dd)	am/pm	Cost
Total Amount			
Subtract Early Bird Discounts before April 1st ($20 per session/class)			
Subtract Multiple Sibling/Class Discounts ($15 per session/class)			
Subtract Discount Code			
Amount Due			
Substract Amount Paid			
Outstanding Amount (balance will be due on May 18th)			

PAYMENT INFORMATION

I agree to pay the amount $ _____ on _____ (mm/dd/yy-today's date) & the outstanding amount $_____ on May 18,2012.

Check one: ☐ MasterCard ☐ Visa ☐ Discover ☐ Amex ☐ Check# _____ (payable to Computer Adventures)

Credit Card Number: _____

Expiration Date (mm/yy):_____ Name on Card: _____

Zip Code: _____

Card Verification Code (CVC):_____ Signature: _____