



# Bea's Kids Summer Camp Registration Form 2018

Office – 469-626-8120

beaskidstutoring@gmail.com

Mail - PO Box 110165, Carrollton, TX 75011

Please fill out all information in this form.

Family Household Name: \_\_\_\_\_ Female Head of House? Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (You will receive text updates for camp)

Parent(s) Name (required): \_\_\_\_\_

Household Information (required):

# of People living in household: \_\_\_\_\_ Total Household Yearly Income: \$ \_\_\_\_\_

# of People in household who are disabled: \_\_\_\_\_ # of People in Household who are older than 60 \_\_\_\_\_

Email address: \_\_\_\_\_

Child 1 Name: \_\_\_\_\_ Birth Date(required): \_\_\_\_\_

Grade School Year 2018-2019 \_\_\_\_\_ School: \_\_\_\_\_

Race:  
White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Allergies? \_\_\_\_\_

Will you be attending all days/weeks of the camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what days/week will you miss? \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Birth Date(required): \_\_\_\_\_

Grade School Year 2018-2019 \_\_\_\_\_ School: \_\_\_\_\_

Race:  
White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Allergies? \_\_\_\_\_

Will you be attending all days/weeks of the camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what days/week will you miss? \_\_\_\_\_



## Bea's Kids Campamento de Verano Forma De Registración 2018

Oficina – 469-626-8120

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Correo- PO Box 110165, Carrollton, TX 75011

### Exoneración De Responsabilidad

Nombre Del Padre O Madre : \_\_\_\_\_

Hijos Participantes :

\_\_\_\_\_  
\_\_\_\_\_

The undersigned, including my heirs, executors, administrators, and estate, hereby release and agree to keep the children of Bea's Kids and the church, their counselors, officers, directors, employees, volunteers or donors, free of any and all actions, cause of action, claims, demands, costs or damages as a result of damage to property or personal injury or death by myself, to my family or my property, arising from or as a result of any act or omission, negligence or otherwise, during your participation in activities for Bea's Kids or which traveling to or from the place where the activity will take place. Yes \_\_\_\_\_

Por la presente, exonero incluyendo a mis herederos, ejecutores, administradores y por la presente libero de cualquier responsabilidad a los niños de Bea's Kids, la Iglesia, consejeros, oficiales, directores, empleados, voluntarios y donantes, de toda responsabilidad de cualquier acción, acción causada, reclamos, demandas, costos o daños de un resultado de algun daño a la propiedad or fractura, muerte propia, a mi familia or a mi propiedad, surgiendo como resultado de cualquier acto u omisión, negligencia o de cualquier manera durante su participación en las actividades de Bea's Kids o viajando hacia o del lugar en donde la actividad se llevará a cabo. Si \_\_\_\_\_

Consent is given for my children/ward to attend the programs and permission is given for any emergency medical treatment or anesthesia operation that might become necessary. In addition, I understand that Bea's Kids reinforce basic principles and values. Yes \_\_\_\_\_

Doy mi consentimiento a mi hijo(a) para asistir a los programas y doy permiso para en caso de emergencia, tratamiento medico u aplicación de anestesia si una cirugía es necesaria. En adición a esto, entiendo que Bea's Kids fortalice principios y valores basicos. Si \_\_\_\_\_

Photo Shoot – I grant Bea's Kids all rights and interest titles to any and all photographic, digital or audio images, videos or recordings made by Bea's Kids with no royalties granted. Yes \_\_\_\_\_

Permiso Para Tomar Fotos/Videos- Otorgo a Bea's Kids todos los derechos, intereses y titulus de cualquier y todas fotografias, digitales o imagenes de audio, video o grabaciones hechas por Bea's Kids sin ningun derecho de compensación.



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Family Household Name: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Birth Date(required): \_\_\_\_\_

Grade School Year 2018-2019 \_\_\_\_\_ School: \_\_\_\_\_

Race:

White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Allergies? \_\_\_\_\_

Will you be attending all days/weeks of the camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what days/week will you miss? \_\_\_\_\_

Child 4 Name: \_\_\_\_\_ Birth Date(required): \_\_\_\_\_

Grade School Year 2018-2019 \_\_\_\_\_ School: \_\_\_\_\_

Race:

White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Allergies? \_\_\_\_\_

Will you be attending all days/weeks of the camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what days/week will you miss? \_\_\_\_\_

Child 5 Name: \_\_\_\_\_ Birth Date(required): \_\_\_\_\_

Grade School Year 2018-2019 \_\_\_\_\_ School: \_\_\_\_\_

Race:

White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Allergies? \_\_\_\_\_

Will you be attending all days/weeks of the camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, what days/week will you miss? \_\_\_\_\_