Spring Break Camp Application Mon. 3/13 – Thurs. 3/16, 2017

 Client Name: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M.I)\_\_\_\_

Please circle your payment method: Waiver Funding Private Pay
\*If using private pay, a non-refundable payment of $150 is required prior to the start of spring break week.

Please indicate which day(s) you would like to attend Spring Break Camp 2017.

This request for spring break camp is a request and not a confirmation of registration. You will be notified via mail if your request has been confirmed.

**Are you privately paying?** [ ] Yes [ ] No *\*If yes, please fill out this section\**

Where would you like us to send the invoice?

Name: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_

Address: \_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_

🔳 I prefer electronic billing statements Email Address for billing:

Method of Payment:
  **Check** *(make payable to Easter Seals Iowa)*

 Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Credit Card** □ Visa □ MasterCard □ Discover

 Amount Authorized: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_ 3 Digit Code *(on back of card)*:\_\_\_\_\_\_

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Monday March 13: Mission Impossible Monday
* Tuesday March 14: Tacky Tuesday
* Wednesday March 15: Wilderness Wednesday
* Thursday March 16: Throwback Thursday

The following information is required for Spring Break Camp Registration. Registration cannot be confirmed until we have all of the following

* 2017 Camp and Respite Application
* 2017 Health History Form
* Current Physical
* Current CCSP and/or ICP (please talk with your case manager)
* Signed Waivers
* Current NOD (please talk with your case manager)