



Beacon Hill Preparatory School

18001 North West 22nd Avenue • Miami, Florida 33056 • (305) 624-1600

CAMP ENROLLMENT APPLICATION

1st Child's Name: First: _____ Middle: _____ Last: _____ Birth Date: _____

Preferred Name: _____ Sex: _____ Grade: _____ S.S.#: _____

2nd Child's Name: First: _____ Middle: _____ Last: _____ Birth Date: _____

Home Phone: _____ Sex: _____ Grade: _____ S.S.#: _____

Home Address: _____ City: _____ Zip: _____

4 Weeks First Session **3 Weeks Second Session** **3 Weeks Mini-Camp**
 Summer School **Summer School & Camp** **Transportation:** **A.M.** **4:00** **5:00**

Mother's Name: _____ Occupation: _____ S.S.#: _____

Place of Business: _____ Work Phone: _____ Cell: _____

Beeper #: _____ Driver's License #: _____

Home Address (if different from above): _____ City: _____ Zip: _____

Father's Name: _____ Occupation: _____ S.S.#: _____

Place of Business: _____ Work Phone: _____ Cell: _____

Beeper #: _____ Driver's License #: _____

Home Address (if different from above): _____ City: _____ Zip: _____

Guardian's Name (if other than parent): _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

S.S. #: _____ Driver's License #: _____ Work Phone: _____

Person's Permitted to Remove Child: _____

If Parents Are Divorced, Who Has legal Custody? Mother: _____ Father: _____

Emergency Contact People (other than Parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

Allergies: _____

Credit Policy: No credit given for any absence during Summer Camp.

Registration Fee (non-refundable) must accompany this form.

An interest charge of 1.5% or 25.00 minimum per month will be added to any unpaid balance.

Beacon Hill School has my permission to take my child on all field trips.

Signature of Person Responsible for Fees: _____ **Date:** _____

OFFICIAL USE ONLY

Starting Date: _____ Program: _____ Group: _____ T/AM: _____ 4:00: _____ 5:00: _____