Please compl	The Greg lete one form per chil	_ •	ırn wi	th payn	nent to: 32	231 N.	Cray			son, AZ 8	35712.
Student Name				Birthdate							\Box F
School attend		Entering Grade									
<u>T-Sh</u>	irt Size (Circle One):	Youth:	M	L	Adult:	S	M	L	X-L		
Parent Name	e(s)		P	arent E	mail(s)						
Work Phone	#	_ Cell Ph	one#	:			_				
\$525 per session and includes lunch. Cost of lass space is limited. ession 1, June 2-June 13 30am – 12:00pm Pottery Playground Sports and Fitness Let's Put on a Show				f Half-Day is \$300. Registration is on a first come first served basis 12:30pm - 3:00pm Musical Madness Masterpiece Makers Cooking with Chef Noelle Welcome to the FabLab							
	□ Full Day (\$525)		□ Hal	lf Day (\$300)			Se	ssion 1	Гotal: \$	
ession 2, June 16-June 27** 30am – 12:00pm Art Explorer's Workshop Sports and Fitness Let's Put on a Show Team Spirit!					12:30pm – 3:00pm Musical Madness Weaving Creative Wonders Cooking with Chef Noelle Welcome to the Fablab						
	□ Full Day (\$525)	1	□ Hal	lf Day (\$300)		Tota		ssion 2 T	Гotal: \$ \$ _	

Cancellation Policy – The Gregory School reserves the right to cancel any program or part thereof. If an insufficient number of students are registered for a Minds Alive! class on May 1, 2025 the class will be cancelled. In the event of such cancellation, a full refund will be made.

Emergency Contact, Medical Treatment Consent & Photo Release

All information on this form is confidential and for summer program purposes only.

If parent cannot be reached in an EMERGENCY, contact:

Name:	Relationship to student:									
Home Phone: Work	Phone: Cell Phone:									
Family Physician:										
Known Allergies to Medications or other Al	lergies:									
Current Medications:										
Relevant Medical Information: (e.g. history	of family diabetes, heart condition, etc.)									
INSU	URANCE INFORMATION									
Insurance Carrier	Policy ID#									
Policy Holder	Preferred Tucson Hospital									
As a result of summer program participation, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstance.										
Parent/Guardian Signature	Date									
	PHOTO RELEASE									
photographs, videos, written extractions, and	mer Camp and The Gregory School to use, in whole or in part, d voice recordings of my student for the purpose of illustrations, s, and The Gregory School Website and The Gregory School									
Parent/Guardian Signature										

** In observance of Juneteenth, Minds Alive! Camp is closed on Thursday, June 19, 2025.