



All Around Math & Reading Learning Center, Inc.

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SPRING BREAK CAMP APPLICATION – 2011

Camp Information

(You may register for up to four camps using this form. If you are registering for more than four camps, please use a second form. Thank you.)

Camp 1: _____ Date: _____ Time: _____

Camp 2: _____ Date: _____ Time: _____

Camp 3: _____ Date: _____ Time: _____

Camp 4: _____ Date: _____ Time: _____

Student Information

Student Name: _____ Age: _____ Birth Date: _____

School: _____ Completed Grade as of Spring 2010: _____

Address: _____ City _____ Zip _____

Home Phone: _____

Responsible Party Information

Name: _____ Relation to student: _____

Address: _____ City _____ Zip _____

Cell Phone: _____ E-mail: _____

Emergency Contact Information

Name: _____ Relation to student: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Student Release

Students attending the Spring Camps will only be released to the responsible party stated above unless permission is given for other parties. Please list any person, or persons, below that have permission to pick up your child.

Name: _____ Name: _____

Picture Release

May we use your child’s picture in our promotional material? Yes ____ No ____

Payment

Tuition: \$195 / half-day weekly camp, or \$375 / full-day weekly camp.

Tuition is non-refundable, but date changes are allowed based on availability.

I, _____ (Responsible Party), give permission for
_____ (Student) to attend the Summer Camps
conducted by the All Around Math Learning Center.

Responsible Party Signature

Date

How did you hear about us? (Please check one)

- Referred by an ex-student Who? _____
- Previously participated Which camps? _____
- Phone book Which one? _____
- Newspaper Which one? _____
- Brochure at school Which School? _____
- Internet Which web site? _____
- Other Please describe: _____