



SUMMER CAMP REGISTRATION FORM

SUMMER CAMP 2018			
COURSE CHOICE: WHICH COURSE WOULD YOU LIKE TO REGISTER FOR? Please tick the box. (ALL COURSES RUN FROM MONDAY – THURSDAY, 9AM-12.30PM)		<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> July 9-July 12: SEA AND SAND CAMP July 23-July 26: MAGICAL LANDS CAMP August 6-August 9: SUMMER FUN CAMP </div> <div style="width: 15%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	
STUDENTS LAST NAME		FIRST NAME	
AGE	GRADE	HAS YOUR CHILD DONE A CAKE DECORATING CLASS BEFORE? IF YES, PLEASE GIVE DATE AND ORGANIZER:	
ADDRESS			

PARENT/GUARDIAN INFORMATION			
PARENTS NAME		RELATIONSHIP TO CHILD	
CELL PHONE #		HOME PHONE #	
EMAIL ADDRESS			
PERSONS AUTHORIZED TO PICK UP STUDENT AFTER CLASS: (continue on back if needed)			
NAME	PHONE #	RELATIONSHIP TO STUDENT	
NAME	PHONE #	RELATIONSHIP TO STUDENT	

COURSE FEE	\$350
<p>A 50% DEPOSIT IS DUE UPON RECEIPT OF THE APPLICATION FORM. PAYMENT CAN BE MADE VIA CREDIT CARD, CHECK OR PAYPAL. PLACES ON THE COURSE ARE LIMITED (10 PLACES MAXIMUM) AND PLACES WILL ONLY BE HELD WHEN THE DEPOSIT IS RECEIVED. DEPOSITS ARE REFUNDABLE ONLY 8 WEEKS UP TO THE BEGINNING OF THE COURSE. AFTER THAT TIME PERIOD, DEPOSITS ARE NOT REFUNDABLE.</p> <p>PLEASE MAKE CHECKS PAYABLE TO THE CAKE FAIRY LLC AND MAIL, WITH THIS FORM, TO THE CAKE FAIRY, 88 LAROCHE AVENUE, HARRINGTON PARK, NJ 07640.</p> <p>PAYMENT VIA PAYPAL CAN BE MADE BY GOING TO WWW.PAYPAL.COM AND PAY TO THE EMAIL ADDRESS HELENMAGINN@GMAIL.COM. PLEASE NOTE YOU DO NOT NEED A PAYPAL ACCOUNT TO PAY VIA PAYPAL – YOU CAN PAY USING A CREDIT OR DEBIT CARD.</p> <p>PAYMENTS BY CREDIT CARD CAN BE MADE BY EMAILING US – WE WILL EMAIL YOU A SECURE LINK TO PAY BY CREDIT CARD THROUGH OUR SQUARE PAYMENT SYSTEM.</p>	

IN CASE OF EMERGENCY (THE PARENT OR GUARDIAN WILL BE CONTACTED FIRST. IF THEY CANNOT BE REACHED, PLEASE NAME ANOTHER CONTACT YOU WOULD LIKE US TO CALL)			
Name of local friend or relative:	Relationship to STUDENT:	Home phone no.:	Work phone no.:
<p>I, THE UNDERSIGNED, AUTHORIZE THE CLASS INSTRUCTOR TO CONTACT MYSELF OR THE PERSON NAMED ABOVE IN THE CASE OF AN EMERGENCY, AND TO CONTACT RELEVANT EMERGENCY SERVICES.</p>			
Patient/Guardian signature		Date	
<p>THE UNDERSIGNED AUTHORIZES THE CAKE FAIRY LLC TO USE MY CHILD’S IMAGE ON THE WEBSITE AND/OR SOCIAL MEDIA FOR PROMOTIONAL PURPOSES. THE IMAGE WILL NOT BE MADE AVAILABLE TO ANY OTHER PARTY.</p>			
NAME		DATE	