



Where Children Become
Their Own Inspiration..

TALS summer Program REGISTRATION

Please reserve a space for my child for the sessions indicated below. I have enclosed the balance due for each 1-week session. Please make checks payable to Creative Community Resources, Inc (CCRI). Please use a separate form for each child. Mail to CCRI P.O. Box 221 Crownsville, MD. 21032.

Child's Last Name _____ First _____
 Age _____ DOB _____ Sex M F
 Address _____ City _____ Zip _____
 Mother's Last Name _____ First _____
 Home # _____ Work # _____ Cell # _____
 Father's Last Name _____ First _____
 Home # _____ Work # _____ Cell # _____
 In an emergency whom should we contact first? _____
 Please Indicate an emergency contact in the event that parents cannot be reached
 Name _____ Phone # _____
 Would You Like Camp Confirmation & TALS Notices e-mailed? Yes No
 E-Mail (print clearly) _____

Please Check The Appropriate Box Below To Indicate Session You Desire:

2-One Week Mon.-Fri. Sessions:

Dates	Options	
Aug.3-7	<input type="checkbox"/> 9am-12:00pm	\$110
Aug. 10-14	<input type="checkbox"/> 9am-12:00pm	\$110

Children must be 3 by July 1st, 2009 to participate. Please find and complete all required TALS forms on line @ www.creativecri.org. The state of Maryland also requires a recent Health Inventory which will be mailed to you upon request. If your child is currently attending a program elsewhere, a copy is acceptable. Current families need only complete the Summer Policy Waiver and Summer Registration Agreement.

Please understand that space is very limited.

Office Use Only: Dep. Chk.# _____ Chk. Date _____ Amnt. \$ _____ Sib Split? Y N Applied to Sib \$ _____
 Chk. # _____ Date _____ Amt. \$ _____ Sib Split? Y N Applied to sib \$ _____ Balance Still Owed \$ _____ as of _____

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