



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 the 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. Must be received 3 business days prior to start date.

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:

1-One Week Mon.-Fri. Session:

Dates

June 13-17

Options

9:15am-12:15pm

\$110

Children must be 3 by July 1st, 2010 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 _____