



REGISTRATION FORM

2018

Please fill out form and return with \$100 non-refundable deposit to:

Shannon Jenkins Photography • 3200 Turndale Ct • Franklin, TN 37064

Contact: (615) 351-5198 or shannonjenkinsphoto@gmail.com

Please indicate which week you are requesting:

- May 29-June 1 \$120 (9am-Noon ages 6-12) June 18-22 \$285 (9am-3pm ages 9-17)
 July 2-6 \$285 (9am-3pm ages 9-17) July 23-28 \$285 (9am-3pm Advanced Only)

Student's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Mobile () _____

School _____ Grade (Fall 2018) _____

Date of Birth (Month/Day/Year) _____ Age as of July 1st, 2018 _____

Parent's Name(s) _____

Best Contact Mobile () _____ Work Phone () _____

Best Contact Email _____

Spouse's Mobile () _____ Work Phone () _____

Spouse's Email _____

Emergency contact (other than mother/father) _____

Phone () _____ or () _____

Insurance Information: Is student covered by family medical/hospital insurance? YES NO

Carrier or Plan Name _____

Policy/Group number _____ Phone () _____

Physician's Name _____ Phone () _____

Address _____

Health History: Please list any past or current health conditions _____

Allergies: _____

Please list any medications your child will need to take during his/her time in camp. _____