



1942 Sam Rittenberg Blvd Suite A Charleston, SC 29407

Registration Form Summer Camp

PLEASE PRINT CLEARLY

CAMP DATES/ TIMES _____

CHILD'S NAME _____ Date of Application _____

Nickname _____ Gender: M/F Date of Birth _____

Returning Student: Yes/No

ADDRESS _____ PARENT Email _____

City _____ Zip _____ Home phone _____

Parent or Guardian Information

Parent or Guardian _____ Parent or Guardian _____

Relationship to child _____ Relationship to child _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Sewing classes take before (NO EXPERIENCE IS REQUIRED FOR BEGINNER CLASSES)

Any special circumstances of which we should be aware of?

Sewing Machine Make and Model: (If you are renting one, just write rental. Machine rental is included)

Are you comfortable with your child using an iron: Yes _____ No _____

EMERGENCY INFORMATION: If you cannot be reached, please list the names of one person in the local area who will accept responsibility for the care of your child.

Name _____ Phone _____

I hereby authorize Five Eighth Seams to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached.

SIGNATURE X _____ DATE _____

Throughout the camp, we take the children's pictures. We would like to use some of these pictures on our web site or facebook page. Please indicate your permission to put your child's picture on social media or our website. Yes/No

SIGNATURE X _____ DATE _____