



nature • learning • leadership

Manice Education Center Returning Camper Registration Form

Please mail, email or fax this to:
Christodora
One East 53rd Street, NY, NY 10022
Fax: 212-371-2111
Email: admissions@christodora.org

<p>RETURNING CAMPER INFO:</p> <p>Name: _____ Age _____</p> <p>Date of Birth: ___/___/___ (check one) Male ___ Female ___</p> <p>School Name/Academy: _____ <i>(ex. MS 118/Pace Academy, TYWLS/Astoria, etc.)</i></p> <p>2014-2015 Grade: _____</p> <p>Partnering Program/Referral Name: _____</p> <p>Camper's Email: _____</p> <p>Camper Cell Phone: _____</p>	<p>RETURNING CAMPER HOME ADDRESS:</p> <p>Street Address: _____</p> <p>Apartment #: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>
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To guarantee your spot, submit your registration form by January 15th!

Do you have any other summer plans? (For example: family vacation, summer employment, summer school, etc.) **Do you have any academic enrichment programs this summer?** (For example: school placement exams, regents, etc.)

What are you looking forward to this summer at Manice?

<p>PRIMARY Legal Parent/Guardian Info:</p> <p>Name: _____</p> <p>Email: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Address: _____ <i>(if different from camper's home address)</i></p> <p>Language Spoken by Parent/Guardian: _____</p>	<p>SECONDARY Legal Parent/Guardian Info:</p> <p>Name: _____</p> <p>Email: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Address: _____ <i>(if different from camper's home address)</i></p> <p>Language Spoken by Parent/Guardian: _____</p>
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