



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: _____</p> <p>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>2018-2019 Grade: _____</p> <p>Partnering Program/Referral Name: _____</p>	<p>RETURNING CAMPER HOME ADDRESS:</p> <p>Street Address: _____ —</p> <p>Apartment #: _____</p> <p>City: _____ _____</p> <p>State: _____</p>
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Optional: You most identify with (circle all that apply)

African American/Black (including Africa & Caribbean) Hispanic/Latino (including Spain)

White (including Middle Eastern) Asian (including Indian subcontinent & Philippines)

Native American (including all Original Peoples of the Americas, HI, or AK) Other: _____

To guarantee your spot, submit your registration form by January 5th!

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>SECONDARY Legal Parent/Guardian Info:</p> <p>Name: _____ _____</p> <p>Email: _____ _____</p> <p>Home Phone: _____ —</p> <p>Cell Phone: _____</p>
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