We are so excited to offer the 1st Annual "MC Manners & Cooking" Camp!

A camp focused on the essentials of Etiquette and Food.

**DATE:** June 24-27  
**TIME:** 10:00-12:00pm  
**AGES:** 6-13  
**COST:** $100.00 each session  
**LOCATION:** Mill Creek High School  
15 student maximum for each session.

The cost is $100 which covers t-shirt, and all supplies for table settings and food preparation.

**SUMMER CAMP REGISTRATION INFORMATION:**
All Participants must have a Summer Camp Registration form completed BEFORE ATTENDING CAMP.

To register online: Go to [www.mypaymentsplus.com](http://www.mypaymentsplus.com) - Go to Community School - Go to Mill Creek Community School - All the camps are listed. The Summer Camp Registration form can be completed online.

To register in person: Print from website or pick up a Summer Camp Registration form and submit to our Community School Office. Check Payable to: Mill Creek Community School

If you have any questions, please contact Mill Creek Community School at 678-714-5855.
Mill Creek Summer Camp
Registration Form
Phone: 678-714-5855/Fax: 678-714-5863
Dr. Victoria Starr, Director

Participant Name: __________________________________________ Age: _____ 2018-19 Grade: ______
Parent / Guardian Name: __________________________________________________________________________________
Address: ______________________________________________________________________________________________________
City: _____________________________ Zip:________________________ Home Phone: ____________________________
Cell phone: ________________________________ Email Address: ________________________________________________

Please list the camp(s) you want to register for:

<table>
<thead>
<tr>
<th>CAMP(S)</th>
<th>DATES</th>
<th>FEE</th>
<th>T-Shirt Size (S-XL) (if applicable)</th>
</tr>
</thead>
</table>

As a parent or guardian of the above named child, I do hereby indicate he/she in good health, give full
approval for his/her participation in the program, and in the event of an accident, authorize any medical
treatment which may be advised or recommended by an attending physician.

SIGNATURE PLEASE

Signature of Parent or Guardian

****THIS SECTION MUST BE COMPLETED IN FULL ****
INSURANCE CONVERAGE FOR ACCIDENTAL INJURY IS REQUIRED BY ALL PARTICIPANTS.

Insurance Co. Name: __________________________________________ Policy# _______________________________
Please list below any medical problem, e.g., diabetes, allergies, etc., that would assist us in
caring for your child:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

REGISTRATION INFORMATION

ALL PARTICIPANTS MUST HAVE A REGISTRATION FORM COMPLETED BEFORE ATTENDING CLASS.
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To register in person & mail: Print from website or pick up a Community School Registration form and submit to our Community School Office. Make check payable to Mill Creek Community School.

OFFICE STAFF ONLY:  Receipt# _____________  Check # ___________