

MAMA'S BIRDS APPLICATION 2022

PERSONAL INFORMATION

Childs First Name _____ Childs Last Name _____ Age _____
Date of Birth _____ Email Address _____
Address _____
Home Phone _____ Cell Phone _____
Parent or Guardian Name _____

SPONSOR INFORMATION (if applicable)

Sponsors Name _____ Sponsors Phone _____
Sponsor Email Address _____ Sponsors City & State _____
How many are you sponsoring _____ Choose a payment plan Bi-weekly Monthly In Full

EMERGENCY CONTACT INFORMATION

First Name _____ Last Name _____
Phone Number _____ Relationship to Child _____

SELECT YOUR SUMMER PROGRAM

Mamas Birds Performing Arts Camp
Park Forest Village Hall
350 Victory Dr, Park Forest, IL. 60466
(Come to lower level dance room)

Spike Volleyball Summer Camp
Park Forest Rec Center @ Michelle Obama School
215 Wilson Street, Park Forest IL. 60466
(Enter thru Door #20)

Are these locations convenient for you? Yes _____ No _____
If No, please explain _____

CHOOSE DESIRED PAYMENT PLAN

Weekly Payment _____ Bi-weekly Payment _____
Monthly Payment _____ 1 Payment In Full _____

****SEE ATTACHED PAYMENT SCHEDULE FOR MORE DETAILS****

CHOOSE DESIRED SCHEDULE

- Ages 7 to 13 - Tues/Wed/Thurs (performing arts)
10am - 12:30pm _____

- Ages 14 to 18 - Tues/Wed/Thurs (performing arts)
12:30pm - 3:00pm _____

- Ages 11 to 18 - Fridays (volleyball)
9:30am - 12:30pm _____

BY SIGNING THIS DOCUMENT, I UNDERSTAND THE MISSION AND GOAL OF THE MAMA'S BIRDS ORGANIZATION AND AGREE TO THE TERMS AND CONDITIONS THEREIN. FURTHERMORE, I AGREE TO FOLLOW ALL OUTLINED RULES AND REGULATIONS ENCLOSED, TO ADHERE TO THE SELECTED PAYMENT SCHEDULE, AND MOST IMPORTANTLY, TO APPLY MYSELF TO THE BEST OF MY ABILITY WITHIN THE PROGRAM. I ALSO UNDERSTAND THAT FAILURE TO DO ANY OF THE ABOVE MENTIONED MAY RESULT IN IMMEDIATE TERMINATION FROM THE PROGRAM AND POSSIBLE FORFEITURE OF ALL OR PART OF MY INITIAL DEPOSIT TO BE DETERMINED BY THE MAMA'S BIRDS ORGANIZATION.

Parent or Guardians Signature

Childs Signature

Date