The Prince Center



The Prince Center STEM Application (2018)

1169 Old Church Road Cordesville, SC 29434 843.336.3613

theprincecenter@gmail.com

Application Fee

A **nonrefundable** application fee of \$75.00 per child is required by March 30, 2018. Payment can be made by money order or check **ONLY**, payable to the Prince Center.

	Chile	l Personal Information		
				M F
Child's Name		Date of Birth, Age		Sex
Parent's/Guardian's Name (1)		Parent's/Guardian's Name (2)		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST, ZIP Code		City, ST, ZIP Code		
T-Shirt Size		School, Grade		
	E	mergency Contacts		
Primary Emergency Contact (1)		Secondary Emerger	ncy Contact (2)	
Iome Phone	Work Phone	Home Phone	Work Phone	
Relation to Child		Relation to Child		

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Alternate Pickup-Release						
Primary Emergency Contact		Secondary Emergency Contact				
Home Phone	Work Phone	Home Phone	Work Phone			
Medical Information						
Hospital/Clinic Preferen	nce					
Physician's Name		Phone	e Number			
Insurance Company		Policy	Number			
Allergies/Special Health Considerations						
I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a Physician. Parent's/Guardian's Initials						
I understand that the Prince Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Parent's/Guardian's Initials						
The Prince Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's photos and quotes may be used for publicity purposes only. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). Parent's/Guardian's Initials						

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How did you hear about the Prince Center and the STEM Camp? _____

Media Release					
I hereby give permission for my child to be photographed during the Prince Center STEM Camp. I understand the photos will be used to keep a journal of activities, report to our donors and for promotional purposes including flyers, brochures, newspaper and social media outlets. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of Prince Center and its affiliates. Parent's/Guardian's Initials					
Transportation Release					
I hereby give permission to the Prince Center to transport my child to and	l from all activities during the STEM Camp. Parent's/Guardian's Initials				
Guardian Signature:	Date:				
Printed Name of Parent/Guardian:					
FMI: Jerald Borden Jr. (843) 408-9096 or Ronald K. Dixon (843)296-9	9696				