Stude	nt:	Camp:
Pavme	ent Information:	
•	Registration Fee	
_	o Date Received:	Amount:
	Payment in Full	
_	o Date Received:	Amount:
	Payment Plans	
	o Date Received:	Amount:
Forms	s :	
	Liability Waiver	
	o Date Received:	
	Behavior Policy	
	o Date Received:	
	Photo Release	
	o Date Received:	
	o Yes/No:	
	Treatment Consent Form	
	Date Received:	
	Insurance Information	
	o Date Received:	
	Copy of Insurance Card	
	Date Received:	
	Parent Luncheon Form	
	Date Received:	
	Number of Guests:	
Schola	arships:	
	Financial Need Scholarship	
	o Date Received:	
	o Approved/Denied:	Amount:
	Notified of Decision:	
	Academic Achievement Scholarship	
	o Date Received:	
	o Approved/Denied:	Amount:
	 Notified of Decision: 	