



Cosmo Beauty Summer Camp Application Registration Fee: \$65 (Paid/Not Paid)

Child's Name: _____ DOB: _____ Age: _____
Last First

Gender: ☐ Female ☐ Male Did you have Free or Reduced Lunch at School? ☐ Yes ☐ No

Address: _____
Number and Street City/State Zip Code

Telephone Numbers: _____
Home Parent's Work Parent's Cell

Email Address: _____

Emergency Contact Numbers (if unable contact parent):

Name: _____ Relationship

Address: _____
Number and Street City/State Zip code

Telephone Numbers: _____
Home Work Cell

Medical History:

____ Heart Problems ____ High/Low Blood Pressure ____ Epilepsy ____ Cancer
____ Blood Disease ____ Diabetes ____ Swollen Glands ____ Psychiatric Cares
____ Circulatory Problems ____ Migraine Headaches ____ AIDS ____ Allergies
____ Sinus Problems ____ Nervous Problems ____ Other

Explain: _____

Applicant Affidavit:

I certify that the information I provided on this form is true to the best of my knowledge and belief. I will not hold this program or facility nor any member of his/her staff responsible for errors or omissions that I may have made while completing this form. Any inappropriate behavior (fighting, bullying, profanity, etc), inaccuracies or failure to make full disclosure and/or failure to make weekly tuition payments may be deemed sufficient reason for possible dismissal from this program. I further understand that my child will not be able to return to the program if he/she has a tuition balance.

Parent Signature

Date

Hair Service Waiver

I, give my child _____ permission to be used as a model to receive a hair service as a demonstration for his/her class. Service may include but not be limited to (Shampooing, Hot Curling, Roller Placement, Braiding, and Haircutting/Trimming). I fully understand that there is no additional charge for the service and I will not hold the program or its staff responsible if parent/child is not satisfied with the hair service.

Parent Signature

Date