***  Cosmo Beauty Summer Camp Application Registration Fee: $25 (Paid/Not Paid)***

***Child’s Name:*** Click here to enter text. ***DOB:*** Click here to enter text. ***Age:*** Click here to enter text.

***Gender:*** Click here to enter text.

***Address:*** Click here to enter text.

 ***Number and Street City/State Zip Code***

***Telephone Numbers:*** Click here to enter text.Click here to enter text.Click here to enter text.

 ***Home Parent’s Work Parent’s Cell***

***Email Address:*** Click here to enter text.

***Emergency Contact Numbers (if unable contact parent):***

***Name:*** Click here to enter text.

 ***Relationship***

***Address:*** Click here to enter text.

 ***Number and Street City/State Zip code***

***Telephone Numbers:*** Click here to enter text.Click here to enter text.Click here to enter text.

 ***Home Work Cell***

***Medical History:***

Click here to enter text.***Heart Problems*** Click here to enter text.***High/Low Blood Pressure*** Click here to enter text.***Epilepsy*** Click here to enter text.***Cancer*** Click here to enter text.***Blood Disease*** Click here to enter text.***Diabetes*** Click here to enter text.***Swollen Glands*** Click here to enter text.***Psychiatric Cares*** Click here to enter text.***Circulatory Problems*** Click here to enter text.***Migraine Headaches*** Click here to enter text.***AIDS*** Click here to enter text.***Allergies*** Click here to enter text.***Sinus Problems*** Click here to enter text.***Nervous Problems*** Click here to enter text.***Other***

***Explain:*** Click here to enter text.

***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.***

**Click here to enter text.Click here to enter text.**

 ***Parent Signature Date***

***Hair Service Waiver***

***I, give my child*** Click here to enter text. ***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.***

Click here to enter text.Click here to enter text.

 ***Parent Signature Date***