

PCS SUMMER CAMP AND CLASS REGISTRATION FORM

(See our website for the special registration forms for Drivers Ed and Health/PE.)

Submit registration at least **one week prior** to first day of camp or class.

Student Name: _____ Parent/Guardian: _____

Age: _____ Grade: _____ Sex: _____

Street Address: _____ City, Zip: _____

Cell/Home Phone: _____ Email: _____

Please complete the table below with the requested class(es).

Name of Camp/Class	Dates	Fee

For sports camps only, circle t-shirt size:

Adult: S M L XL XXL

Youth: S M L

REQUIRED PARENT STATEMENT FOR SPORTS CAMPS

Please read and sign:

I approve of my child's attendance at the Parkview Community School camp. He/she is in good physical health and is able to participate in the camp activities.

Parent Signature: _____

Payment Method

If paying by credit card, please call or come by with the information below, or pay through [MyPaymentsPlus](#).

Circle one: Mastercard Visa Discover

Credit Card #: _____ Exp Date: _____ Security code: _____

Office use only: _____

Send to

Parkview Community School

998 Cole Dr. SW

Lilburn, GA 30047

Fax to

770-931-5619 (Credit Card Only)