

BRAINPOWER SUMMER CAMP 2017

St. Peter Prince of Apostle School **Handbook Agreement Form**

I have read/received a copy of the Brainpower Summer Camp Handbook (located online) and have read it carefully. I *understand and agree to abide to* the policies, procedures and regulations of SPP Brainpower Summer Camp including: Fee Payments, Parent Responsibilities and Expectations, Student Dress Code, Disciplinary Actions, the "Acceptable Use" regulations for Internet Access and the Model Release as included in the Handbook.

By signing I hereby *express agreement with these policies, procedures and regulations listed above.*

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Child/children registered at SPP Brainpower Summer Camp 2017:

(Please Print):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____