

Youth Summer Camp Registration Form
Ages: 10–15
Dates: June 16–20, 2026
Time: 9:30 AM – 3:00 PM daily
Location: The Paisley Effect School of Nails

🧑 Student Information

Student Name: _____
Age (as of June 2026): _____
Date of Birth: _____
Parent/Guardian Name: _____
Phone Number: _____
Email Address: _____
Home Address: _____

📞 Emergency Contact

Name: _____
Relationship to Student: _____
Phone Number: _____

🏥 Medical & Safety Information

Please list any allergies, medical conditions, or special considerations:

Does the student have any restrictions for hands-on activities?

Yes No

If yes, please explain:

📷 Photo/Video Permission

I give permission for my child to be photographed or recorded during camp activities for school marketing, social media, and promotional use.

Yes, I give permission

No, I do not give permission

Parent/Guardian Signature: _____

Date: _____

📋 Camp Policies (Parent Initials Required)

Initial each line:

_____ My child will follow all safety rules and instructions.
_____ I understand this is a hands-on beauty camp with supervised product use.
_____ I will ensure my child is dropped off and picked up on time.
_____ I understand there are no refunds after June 1, 2026.

💰 Payment Information

Camp Fee: ~~\$400~~..... \$100 deposit due upon booking

Payment Method:

Cash Card Online Payment _____

Balance due By:

Date: **June 15, 2026, 5pm**

✍️ Parent/Guardian Signature

I certify that the information provided is accurate and I agree to all camp policies.

Signature: _____

Date: _____