



grow where you are planted

June 9 – 11, 2011

www.parentingacrosscolor.com

Family Information

Parent Name(s): _____

Address: _____

City, State, Zip: _____

Email address: _____

Phone number(s) Home/Cell: _____

IN CASE OF EMERGENCY PLEASE CALL (PERSON & NUMBER) (If medical help is necessary, children will be transported to Dell Children’s Hospital)

Campers:

- Camp Boobab is open to children ages 5 – 11, either entering kindergarten or 6th grade
- African American children adopted by Caucasian families whose adoption has already been consummated are eligible for camp along with their adoptive siblings.

Name of Child	Relationship (adoptee or sibling)	D.O.B	Please indicate any special needs or food allergies (PLEASE INCLUDE A DIAGNOSIS IF THERE IS ONE)
T-Shirt Preference YS YM YL S M L XL	Grade	Male or Female	Adoption Method : Private Foster System International

Name of Child	Relationship (adoptee or sibling)	D.O.B	Please indicate any special needs or food allergies (PLEASE INCLUDE A DIAGNOSIS IF THERE IS ONE)
T-Shirt Preference YS YM YL S M L XL	Grade	Male or Female	Adoption Method : Private Foster System International

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Name of Child	Relationship (adoptee or sibling)	D.O.B	Please indicate any special needs or food allergies (PLEASE INCLUDE A DIAGNOSIS IF THERE IS ONE)
T-Shirt Preference YS YM YL S M L XL	Grade	Male or Female	Adoption Method : Private Foster System International

Please answer a few questions below about each child attending Camp Boabab. This information is strictly for our records and will not be shared with anyone.

Please list sibling's names and ages (DOB) not attending the camp:

Open or Closed Adoption: _____ Name of Agency Used _____

Is your child participating in any special education classes or services?

Transracial Parenting Training – Saturday, June 11

\$15 Single/\$20 Couple

Name of Parent 1 _____

Parent 2 _____

I would like to purchase a Camp Boabab T-Shirt \$12 Yes No Size: S M L XL XXL XXXL

Camp Fee

Adults - \$15 Single or \$20 Couple

Includes lunch

Children (age 5-12) # _____ @ \$40.00 each = \$ _____

Includes Camp Boabab T-Shirt, lunch

Donation

Please consider including an additional tax-deductible donation to support Parenting Across Color.

I would like to make a donation of \$ _____

Payment Form

Please add all fees:

CAMP FEE (Adult + Child): \$ _____

ADULT T-SHIRT ORDER TOTAL: \$ _____

TAX DEDUCTIBLE DONATION: \$ _____

TOTAL PAYMENT \$ _____

Method of Payment: _____ Check (Full payment only) _____ PAY PAL (Full Payment Only)

A completed registration form along with a check made payable to Parenting Across Color can be mailed to:
PO BOX 5054 Round BOX, TX 78683

If paying by credit card, please email registration form to amy@parentingacrosscolor.com and see Parenting Across Color website for instructions.

Registration Deadline: MAY 20, 2011

Cancellation Policy: a 50% refund will be made for cancellations received on or before May23, 2011. Cancellations received on or after May 24, 2011 will not be refunded.

Photo and Contact Releases

Photo Release

Candid photos and/or video will be taken during camp to record the event. Parenting Across Color. may want to use these photos or videos in one or more of the following ways:

- on our web site in upcoming camp brochures or ads historical records of our programs
- in grant proposals for fundraising to support the work of Parenting Across Color.

Contact Information Release

Many families may want to be able to stay in touch after camp. Your information will be kept private and not given to anyone for any other purpose. Please indicate below if you would like to be included in the contact list or not.

_____ I/we wish to have our contact information included in the Camp Contact List _____ No

Volunteering

_____ I/we would like to volunteer at camp in the following way:

_____ Registration _____ Art projects _____ Set Up/Clean Up _____ Lunch Service