

Summer Camp Registration

Camper Information (one child per registration form)

Name: _____

Date of birth: _____ Grade in fall '17 _____ Home Phone: _____

Home address: _____

City _____ State _____ Zip _____

Parent/Guardian Contact Information:

Mothers Name: _____ Phone: _____

Fathers Name: _____ Phone: _____

E-mail: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

List anyone who may pick up your child from camp:

Medical Needs/Allergies and anything else Camp instructors need to know:

My child will attend camp the following sessions:

Session 1 (June 19th to July 7th)

Session 2 (July 10th to July 28th)

Session 3 (July 31st to August 11th)

Weekly dates _____

Daily dates _____