

# Summer Camp Registration

Parent Name: \_\_\_\_\_

Student Name: _____	Age: _____	D.O.B _____
Student Name: _____	Age: _____	D.O.B _____
Student Name: _____	Age: _____	D.O.B _____

Address:

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact (other than above):

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Does your child have any medical conditions, food allergies, or special needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list classes:

Camp _____	Day _____	Time _____
Camp _____	Day _____	Time _____
Camp _____	Day _____	Time _____
Camp _____	Day _____	Time _____
Camp _____	Day _____	Time _____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Summer Camp Registration