

SUMMER DAY CAMP REGISTRATION FORM



Please print:

Child's Name: _____

Age: _____ Date of Birth: _____ Grade (Jun'10) _____ Camp: _____

Address: _____ City /Town: _____

Postal Code: _____ E-Mail: _____

_MCP #: _____

Telephone: _____ (H) _____ (W) _____ (C)

In Case of Emergency Contact:

Name: _____

Telephone: _____ (H) _____ (W) _____ (C)

Name: _____

Telephone: _____ (H) _____ (W) _____ (C)

Doctors Name: _____ Telephone: _____

PLEASE INDICATE ANY ALLERGIES OR MEDICAL PROBLEMS (i.e. DIABETES, ASTHMA,, ETC.)

Day Camp Program (Please indicate weeks you wish to register)

Week 1, July 5 – 9

Week 5, August 2-6

Week 2, July 12-16

Week 6, August 9-13

Week 3, July 19-23

Week 7, August 16-20

Week 4, July 26-30

Week 8, August 23-27

Early Drop Of

Late Pick Up

(Over)

