



SUMMER 2025 SUMMER ENRICHMENT CAMP

Child/Parent Registration Form

Child's Name: _____ Date of Birth: _____

Home Address: _____

Mother/Guardian: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Father/Guardian: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Other Emergency Contact besides Parent/Guardian:

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Permission for other to pick up besides Parent/Guardian:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Does your child have any allergies or chronic illnesses? Yes No

If yes, please explain _____

Please list any other comments or information regarding your child's behavior or personality that would be beneficial to know: _____

_____ 3 days a week T/W/TH (must be 4 by 6/1) 8:20am – 11:30am

Parent/Guardian Signature

Date

\$10 nonrefundable registration/supply fee is due at time of registration