

ENROLLMENT FORM

Child's Name
(First & Last)

Date of Birth
(MM/DD/YYYY)

Camp Session
(red, yellow, etc)

1	_____	____/____/____	_____
2	_____	____/____/____	_____

Extended Camp Hours Needed? Y / N When? _____

Parent / Guardian:

Name: (First & Last) _____ Relationship _____

Address: _____
Street City State Zip

Home Phone: _____ Cell: _____

E-Mail: _____

If Parent / Guardian Is Unavailable, Contact:

Primary: Name: _____ Relationship _____

Address: _____
Street City State Zip

Home Phone: _____ Cell: _____

Alternate: Name: _____ Relationship _____

Address: _____
Street City State Zip

Home Phone: _____ Cell: _____

Who is authorized to pick up your child other than yourself:

(Relist your First and Second choice contacts above, if you wish to allow them to regularly pick up your child)

Name: (First & Last) _____ Relationship _____

Name: (First & Last) _____ Relationship _____

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