



## 2010 Summer Camp Registration

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contacts (also authorized to pick up my child in my absence)

Emergency Contact 1: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Allergies: \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Medical conditions \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

### 2010 Summer Camp sessions attending:

Session 1, June 15—July 1 \_\_\_\_\_ Session 2, July 20—August 5 \_\_\_\_\_

#### For Center Use Only

Registration fee paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

Session 1 Payment \_\_\_\_\_ Session 2 Payment \_\_\_\_\_

Class assignment \_\_\_\_\_