



Westminster Presbyterian
Preschool
Asheville, N.C.

2009 Summer Camp Registration

Child's Name _____

Date of Birth _____

Address _____

Home Phone _____

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 _____

2009 Summer Camp sessions attending:

Session 1, June 9—25 _____ Session 2, July 14—30 _____

For Center Use Only

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

Class assignment _____