



## Summer Camp Registration Form

Student's name : \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Persons authorized to pick up.

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_