

MOE-SSIAH DAY CAMP REGISTRATION FORM



Camper Name _____ M _____ F _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade _____ (2021-2022)

Dietary Restrictions/Special Physical Needs

Parent/Guardian _____

Best Contact Phone () _____ - _____

Primary Email _____

2nd Parent/Guardian _____

Best Contact Phone () _____ - _____

Primary Email _____

Emergency Contact (other than parents)

Contacts Phone Number _____

T- Shirt Size: YXSmall YSmall YMed YLarge YXlarge

MOE-SSIAH Kindergarten CAMP REGISTRATION FORM



Camper Name _____ M _____ F _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade ___ K ___ (2021-2022)

Dietary Restrictions/Special Physical Needs

Parent/Guardian _____

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