



Mother's Day Registration Form summer camp 2018

OFFICE USE ONLY Non-refundable
REGISTRATION FEE
Paid:
Yes _____ Amt. _____
Check _____

Full name of child _____, _____ Birthday _____ - _____ - _____
last first

Name child goes by _____ Sex _____

Mother's Name _____ Father's Name _____

Does child live with both parents? yes _____ no _____ If not, which? _____

Address/City/St _____ zip code _____

Email address: _____

Home phone _____ work/cell - mother's _____ father's _____

- _____ Little Clams 1 by January 2018
- _____ The Jellies 2 by January 2018
- _____ The Starfish* 3 by January 2018

★Please fill out with an ultra fine "Sharpie like" black pen. Thanks!

June Bug - June 11 - 27

July Jam - July 9 - 25

Persons to whom child may be released: _____

Name of persons authorized to act for parent in case of emergency:

1. Name & address _____ ph.# _____

2. Name & address _____ ph.# _____

Name of child's physician _____ ph.# _____

Does your child have allergies? _____ If so, what? _____

In space below, give any other information the teacher should know about your child: physical condition, habits, likes and dislikes, nap time, etc. _____

If sibling is in the program: Sibling's name(s) _____ Age _____

Signature _____ Date _____