



Mother's Day Out

Registration Form

summer camp
2019

OFFICE USE ONLY
Non-refundable

REGISTRATION FEE

Paid: Yes _____ Amt. _____

Check # _____

Date Received _____

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 _____

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

- | | | | |
|-------|--------------------------|-------------------|------------------|
| _____ | Little Clams | 1 by January 2019 | monday/wednesday |
| _____ | The Jellies | 2 by January 2019 | |
| _____ | The Starfish* and Sharks | 3 by January 2019 | |

*Children repeating MDO 3 yr. olds or K-4 children.

- June Bug - June 10 - 26
- July Jam - July 8 - 24

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 _____