



Day Camp Registration Form_____

Child Information:

- **Child's Name:** _____
- **Child's Age:** _____
- **Date of Birth:** _____
- **School Attending:** _____

Parent/Guardian Information:

- **Name:** _____
- **Relationship to Child:** _____
- **Address:** _____
- **City:** _____
- **State:** _____ **Zip Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

Emergency Contact Information:

- **Name:** _____
- **Phone Number:** _____

Camp Information:

- **Camp Dates:** _____
- **Allergies or Medical Conditions:** _____
- **Special Instructions:** _____

Payment Information:

- **Total Fee:** \$ _____ **per day x** _____ **days=** _____