

# SUMMER CAMP 2008

(Registration Form)

CHILD'S NAME: \_\_\_\_\_  
(Last) (First)

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE AS OF JULY: \_\_\_\_\_

TELEPHONE #'S: \_\_\_\_\_

PERSON WHO IS AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY:

\_\_\_\_\_  
(Name) (Telephone)

ALLERGIES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WEEKS ATTENDING: ( Please Check )

\_\_\_\_\_ Week 1: July 7 to July 11

\_\_\_\_\_ Week 2: July 14 to July 18

AMOUNT ENCLOSED: \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)