



**Summer Fun Camp 2010**  
**(1 Two Week Session - July 20 – 22 & July 27-29)**  
**Registration Form**

Date of Registration \_\_\_\_\_ Name of Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Age \_\_\_\_\_ **Current** Preschool/MDO Class \_\_\_\_\_

Child Likes to Be Called \_\_\_\_\_

Parents: (Guardians)

Mother \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Who will bring your child to the program? \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

**Emergency Contacts:**

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Information:

Allergies or prescribed medications \_\_\_\_\_

List any special needs concerning your child \_\_\_\_\_

**A \$50 NON-REFUNDABLE DEPOSIT IS DUE WITH THIS REGISTRATION. THE BALANCE OF \$100 WILL BE DUE JUNE 15<sup>TH</sup>.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_