

2010 Summer Camp Online Registration

Basic Information:

Child's Name: _____ Male Female

Grade for Fall of 2010 and School Location: _____

Summer Camp #1 _____ #2 _____ #3 _____

Parent Name: _____

Address: _____

Home: _____ Work or Cell: _____

Emergency Contact Information:

Name: _____ Home: _____ Cell: _____

Relationship to Child: _____

Name: _____ Home: _____ Cell: _____

Relationship to Child: _____

Emergency Information:

Medical Conditions: _____

Medications: _____

Known Allergies: _____