

FEE:**\$80/WEEK
PER CHILD****LATE PICKUP: \$5/PER MINUTE
\$25 REGISTRATION FEE**

All Kids K-8th Grade Welcome!

Camper's Full Name: _____ Nickname: _____

Date of Birth: _____ Parent/Guardian's Name: _____

Address: _____

City / State / ZIP Code

Day Time Phone: (____) _____ Cell Phone(s): (____) _____

Work Phone (____) _____

E-mail Address _____ Accept Text Messages: (circle one) Yes No

Name of School: _____ Grade Completed: _____

Emergency Contact Person Name & Number: _____

Please list any allergies or medical conditions (i.e. asthma): _____

All campers are released at the end of the day to their parent/guardian or one of the individuals listed on their form.

Photo Identification must be provided at time of pick up if being released to someone other than the parent.

In addition to names already listed on this application, my child may be released to the following individual(s).

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Parent/Guardian

Signature: _____ Date: _____

