

Camper Info

Child's First Name _____ Last Name _____

Gender _____ Birth Date __/__/__ Age (as of June 1st 2024) _____

Child resides with (please circle one) Mother Father Both Other _____

Does your child have an Individualized Education Plan? YES NO If yes, a copy of the IEP is required at the time of registration. *a meeting may be requested with the Day Camp Director to discuss the IEP.

Parent/Guardian Information—Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name _____ Last Name _____

Birth Date __/__/__ Gender _____

Address (Street, City, State, Zip) _____

Cell Number _____ Work Number _____

#2 Parent/Guardian First Name _____ Last Name _____

Birth Date __/__/__ Gender _____

Address (Street, City, State, Zip)

Cell Number _____ Work Number _____

Emergency Contacts/Others Authorized to Pick Child Up—Must have at least one.

#1 First Name _____ Last Name _____ Phone # _____

#2 First Name _____ Last Name _____ Phone # _____

#3 First Name _____ Last Name _____ Phone # _____

#4 First Name _____ Last Name _____ Phone # _____

#5 First Name _____ Last Name _____ Phone # _____

**Please attach a copy of your child's
immunization records.**