

Summer Camp Application

Week Of Aug 7th -11th

Please fill out one application for each child

Name: _____ Date of Birth: _____

Address: _____

Primary Contact: _____ Phone #: _____ relationship to child: _____

Alternate Contact: _____ Phone #: _____ relationship to child: _____

Allergies or daily medications: _____

Other comments: _____

Early drop off: _____ Late pick-up: _____

T-shirt size: _____ Additional t-shirts : _____ (\$10.00 each)

In recognition of the possibility of accident or injury connected with the summer camp program, student waives any right or cause of action of any kind arising as the result of such activity from which any liability may or could accrue to the school, its officers, agents, employees, instructors, and or students.

Parent/Guardian signature

Date

Office use only: tuition paid: yes / No Amount: _____ T-shirts needed: _____ size: _____

Early drop off-(time) _____ Late pick-up-(time): _____