



2025 Summer Camp Registration Form

(08/04/2025 - 08/07/2025)

Child's Name: _____ Male Female

Enrolling week _____

Date of Birth: _____ Grade in Fall 2025-26: _____

School: _____

Allergies: _____

Special Accommodations: _____

Medical Conditions: _____

Address: _____

Home Phone: _____ E-Mail: _____

Mother's Name: _____

Phone: _____

Father's Name: _____

Phone: _____

If you can not be reached, please indicate who to call

Name: _____

Phone: _____

Relationship: _____

Please list any other persons authorized to pick up your child:

Name/Phone: _____

Please list any other information you'd like to include about your camper:

Parent Signature: _____ Date: _____