

# SUMMER CAMP REGISTRATION FORM

Ages 4 - 12 | Attendance & Payment

## 1. Camper Information

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Session Selection

Please check all sessions your child will attend:

- Monday Sessions (Recurring)
- Tuesday Sessions (Recurring)
- Saturday, June 13
- Saturday, June 27

## 3. Payment Details

Type of Session	Rate (\$)	Days Attending	Subtotal
Weekdays (Mon/Tue)			\$
Special Saturdays (June 13/27)			\$
<b>TOTAL AMOUNT DUE</b>			<b>\$</b>

## 4. Emergency Information

Allergies/Medical Conditions: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Note: Please ensure all fields are filled. For recurring weekdays, specific dates will be confirmed upon submission.*