



Summer Camp Registration Form

Date: ____/____/____

Child's Information First Name: _____ M.I. ____ Last Name: _____

Nickname: _____ Date of Birth: ____/____/____ Gender: ___ M ___ F

Mother's First Name: _____ Father's Name: _____

Mother Cell Phone: () _____

Father Cell Phone: () _____

Mother's Email: _____ Father's Email _____

Allergies/Special Instructions: _____

Please select the week(s) your child to attend

___ May 20-23 Under the Sea

___ June 24-27 Princesses & Pirates

___ June 10-13 Superheroes

___ July 22-25 Olympics

Registration fee of \$200 per camp per student.
Fee is due at the time of registration via Brightwheel.

****Parent to provide daily snack and lunch****

Medical Release

In case of emergency, I hereby give permission to the program/camp director to secure proper treatment and/or hospitalization for my child.

Parent/Guardian Signature: _____

Date: ____/____/____

Registration Fee Received: _____