



Summer Camp Registration Form

Child's Name:

Location: Charlotte Davidson

Street Address:

Home Phone:

City, State Zip:

Cell Phone:

Birthdate:

Male Female

T-shirt size S

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Parent/Guardian Info

Parent/Guardian Name:

Relationship to student:

Emergency contact and phone number:

Person(s) authorized to pick up your child:

Person(s) NOT authorized to pick up your child:

Are there any medical conditions or allergies that we should know about? YES NO

If YES please explain:

Preferred hospital in case of medical emergency:

Please check **each** session your child will attend:

Session 1 June 11 - June 15

Session 4 July 9 - July 13

Session 2 June 18 - June 22

Session 5 July 16 - July 20

Session 3 June 25 - June 29

Session 6 July 23 - July 27