



## SUMMER CAMP REGISTRATION FORM

STUDENT NAME: \_\_\_\_\_ GRADE IN 2019/20 : \_\_\_\_\_

PROGRAM CHOICE:

- FULL DAY PROGRAM 8:30AM – 3:00PM
- HALF DAY MORNING ACADEMIC PROGRAM 8:30AM – 12:00PM
- HALF DAY AFTERNOON SPORTS PROGRAM 12:00PM – 3:00PM

## EMERGENCY CONTACT INFO

PARENT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2<sup>ND</sup> PERSON TO CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF :

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LIST PEOPLE AUTHORIZED TO PICK UP: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLEASE PRINT THIS FORM FILLED OUT AND SIGNED AND SUBMIT TO THE SCHOOL OFFICE,  
ALONG WITH YOUR \$50 REGISTRATION FEE NO LATER THAN APRIL 8th 2019.