



SUMMER CAMP REGISTRATION FORM

STUDENT NAME: _____ GRADE IN 2018-19: _____

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: _____

2ND PERSON TO CONTACT: _____ PHONE: _____

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

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 \$100 REGISTRATION FEE NO LATER THAN MARCH 29th, 2018.