watchung.	Summe	er Camp Reç	jistration Forn	n
Student's Name:				Male
Date of Birth:	(Last)		(First) as of June 1):	Female
Parent Information:				
	(Last name	<u> </u>	(First name)	
	(Last name	<u> </u>	(First name)	
Home Address:				
Home Phone:		Business Pl	none:	
Cellular Phone: E-mail Address:				
Caregiver's/Nanny's Na	me:			
Emergency Contact:		Relat	ionship:	
Home Address:				
Home Phone:		Cellular Pho	one:	
Pediatrician Name:		Phon	e:	
Pediatrician Address:				
Does your child have any	allergies?			
Reaction:				
Procedure Staff should fo	llow after a read			
* A non-refundable \$50 d balance is due May 18, 20			ompany registratio	n form. Remaining
Week 1: June 20 – June	24 \$	Week 4:	July 11 – July 15	\$
Week 2: June 27 – July 1	1 \$	Week 5:	July 18 – July 22	\$
Week 3: July 5 – July 8 (\$150) \$	Week 6:	July 25 – July 29	\$
Official Use Onl y				
Enrollment Date:		Check #	Amount: _	