



Summer Program Application 2017

Name _____ DOB _____
Address _____ Age _____
_____ Male or Female
Home Phone _____
Email _____
Mother's name _____ Father's name _____
Cell number _____ Cell Phone _____
Work number _____ Work number _____

Emergency Contact (parents will be called first)

Name _____ Phone _____
Relationship _____
Name _____ Phone _____
Relationship _____

Please select the weeks your child will be attending camp:

Table with 7 columns: Week, Dates, Extended day, None, Morning, Afternoon. Rows for Week 1 through Week 6.

Special comments _____

For office use only: