

Summer Camp Registration - 3-5 year olds

Child's name _____ Parents' names _____

Address _____ City _____ Zip _____

(M) Home phone _____ Work phone _____ Cell phone _____

(D) Home phone _____ Work phone _____ Cell phone _____

Child's birth date _____ Age _____ Experience _____

Friend(s) your child is registering with _____

Emergency contact person: _____ Phone: _____

Email address: _____ Amount paid: _____

Each camp meets from 9:30-10:10 Monday through Thursday for one week. The cost for each session is \$56. Please check which session(s) you are registering for and return with payment:

July 13-16

Troll Adventures _____

August 3-6

Beach Party Ballet _____