

RCA Summer Camp Registration 2025

Registration Fee \$50.00

(Registration fee is non-refundable. First Camp fee is due June 2, 2025)

Student Name:_____

2024-2025 Grade:_____

Student 2024-2025 School:_____

Student DOB:_____

Parent Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Cell Number:_____

E-Mail:_____

Additional important and required information will be forwarded to this e-mail address.

I have received a copy of the Summer Camp Brochure and understand and agree to all terms and conditions of same. _____(Initials)

Date:_____

Parent/Guardian Signature.

Please complete reverse side.

RCA Summer Camp 2025 Registration, continued.

Please answer the following:

Does your child have any unique educational needs or requirements that could assist us in planning their educational experience? If NONE, please state none and initial.

Does your child have any food or other allergies? If NONE, please state none and initial.

Does your child have any medical or behavioral diagnoses or conditions that we should be aware of to help ensure their camp safety or enjoyment. If NONE, please state none and initial.

Is there anything else about your child that you would like us to know?
