

**2025 REGISTRATION FORM
HMC SUMMER CAMP
June 9-13 (Monday - Friday)**

Child #1 Name: _____ Date of Birth: _____

Child #2 Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Preferred Email: _____

ALLERGIES: _____

**Must be at least 3 and fully potty trained.

**June 9-13: 9am - 1pm
(Parents provide a bag lunch for your child.)**

**I understand that my account will be drafted for the camp fee of \$125
per child on June 2, 2024 from my account on file.**

Parent Signature: _____

Date: _____

OFFICE USE ONLY

Registration Paid: _____ Date _____ Amount _____ Ck # _____