CAMP 2000

After School Program

Registration Form

First Name: _____ Last Name: _____

Birth Month: _____ Year: _____ Age: _____ Shirt Size: _____

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Hm)_____ (Cell) _____ (Wk.) _____

Email: _____

School Attending: _____ Grade: _____

Emergency Contact(s) Information

Name: _____ Relationship: _____

Phone Number(s):_____/_____ Type: (H__ C__ W__)

Address: _____

Name: _____ Relationship: _____

Phone Number(s):_____/_____ Type: (H__ C__ W__)

Address: _____

Pick-up Person(s): _____/_____

Phone Number(s):_____/_____ Type: (H__ C__ W__)

Permission to walk home from the program: YES _____ NO _____

Covid-19 Waiver Signed: YES _____ NO _____

Enrollment Registration $_____ PAID: YES _____ NO _____ Weekly Fees: $ _____

Before Care/ After Care: YES _____ NO _____ $ _____