



Office Use Only:
____ AM ____ PM
Date Received: _____

Kindergarten Camp Registration Form For Summer 2018

Child's Name	Date of Birth	Gender	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Phone	Alt. Phone	Phone	Alt. Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Health Information

General Allergies	Food Allergies
Medications Taken	Medical/Behavioral conditions, Physical limitations/restrictions
Primary Care Physician Name	Primary Care Physician Number

I agree for my child to attend and participate in the activities at Kindergarten Camp at _____ elementary school from July 31-August 1.
I would prefer my child to attend: _____ 8-11 _____ 12:00-3:00 _____ no preference
I understand that my first time preference may be full and that I will be notified of the time that my child will attend Kinder-Camp.

Parent's/Guardian's Signature

Date