



Office Use Only:
(Circle One) AM PM
Date Received: _____

Kindergarten Camp Registration Form 2017-2018

Child's Name _____		Date of Birth _____		M	F
				Gender	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____			
Home Phone _____	Work Phone _____	Home Phone _____	Work 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 August 1-2.
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 Printed Name _____

Parent's/Guardian's Signature _____

Date _____