

# ENROLLMENT FORM

Child's Name  
(First & Last)

Date of Birth  
(MM/DD/YYYY)

Camp Session  
(red, yellow, etc)

1	_____	____/____/____	_____
2	_____	____/____/____	_____

Extended Camp Hours Needed? Y / N When? \_\_\_\_\_

**Parent / Guardian:**

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**If Parent / Guardian Is Unavailable, Contact:**

**Primary:** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Alternate:** Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Who is authorized to pick up your child other than yourself:**

(Relist your First and Second choice contacts above, if you wish to allow them to regularly pick up your child)

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: (First & Last) \_\_\_\_\_ Relationship \_\_\_\_\_