

Summer Camp 2017

Child's Name: _____

Child's Birthdate: _____

Grade Next Fall: _____

Prim Guardian Name: _____

Prim. Guardian Home Phone: _____

Prim. Guardian Work Phone: _____

Prim. Guardian Cell Phone: _____

Guardian #2 Name: _____

Relationship to Child: _____

Guardian #2 allowed to pick up? _____

Guardian #2 Work Phone: _____

Guardian #2 Cell Phone: _____

Emergency Contact #1 Name: _____

Emergency Contact #1 Phone: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Phone: _____

List necessary medical info about child: _____

Pick Up 1: _____

Pick Up 2: _____

Pick Up 3: _____

Pick Up 4: _____

Staff Only

Circle Location:

Kaleidoscope @ Bells Crossing

Kaleidoscope @ Northside Park

Kaleidoscope @ Southside Park

Camp Pavilion

Wanderers Teen Camp

Brutontown

Freetown

Mt. Pleasant

Slater

Staunton Bridge

Sterling

Woodfield

Circle weeks child is registered for. (Does not apply for Community Center locations.)

WEEK 1

WEEK 3

WEEK 5

WEEK 7

WEEK 9

WEEK 2

WEEK 4

WEEK 6

WEEK 8

WEEK 10

Staff Signature: _____

Date: _____

Notes: _____