



2024-2025 Registration - Summer Camp

Select what you are registering for:

_____ **Let's Explore!** - \$120

_____ **Back to School!** - \$120

August 5 - 9 | 9-11:30am

August 12 - 16 | 9-11:30am

Child 1 Information					
Last Name		First Name		Home preferred to be used at school	
Birthdate	Gender	Previous group experience <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last DTP	
Allergies/medical conditions/other significant medical information					
Any further information you feel might be helpful in providing a positive experience for your child?					
Child 2 Information					
Last Name		First Name		Home preferred to be used at school	
Birthdate	Gender	Previous group experience <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last DTP	
Allergies/medical conditions/other significant medical information					
Any further information you feel might be helpful in providing a positive experience for your child?					
Parent/Guardian 1 Information					
Last Name		First Name		Street Address	
_____ Cell Phone	Indicate Sit and Stay order to call during school hours	Email		Appt/Unit	
_____ Work Phone		Additional Email		City	State ZIP
Parent/Guardian 2 Information					
Last Name		First Name		Street Address	
_____ Cell Phone	Indicate Sit and Stay order to call during school hours	Email		Appt/Unit	
_____ Work Phone		Additional Email		City	State ZIP