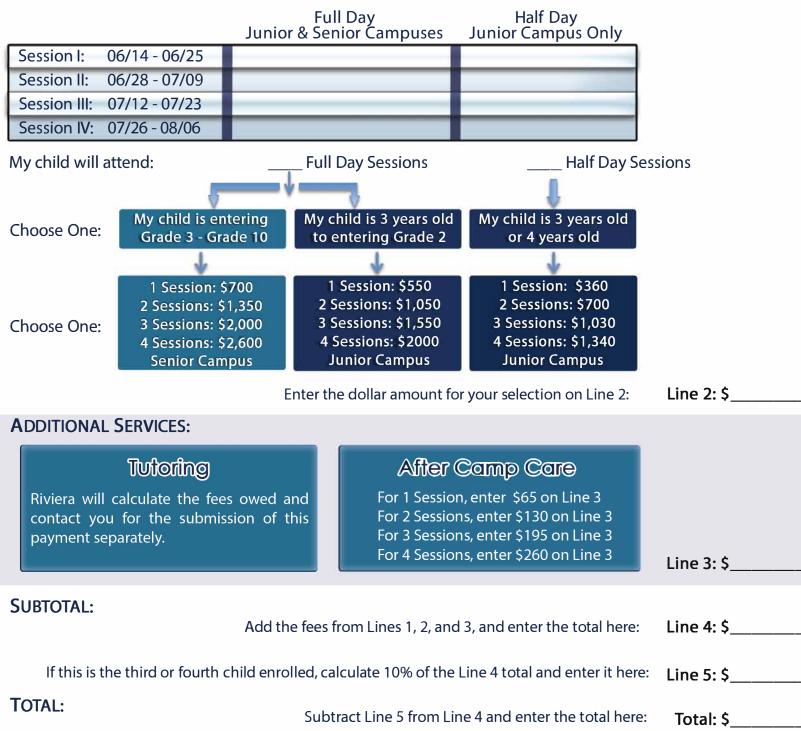
Use a separate sheet for each child. Questions? Call (305)666-1856

REGISTRATION FEE:

- If you are registering on or before May 1st, enter \$0 on Line 1
- If you are registering after May 1st, enter \$35 on Line 1

SESSION SCHEDULER:

Check the area next to each session your child will attend



Line 1:\$

PLEASE SUBMIT THE ENROLLMENT AGREEMENT

FAMILY INFORMATION

List Siblings at Our Camp:			
Parent 1 Name:	Parent 2 Name:	Parent 2 Name:	
Billing Name:			
Billing Address:			
City:	State: Z	ip:	
Parent 1 Business Name:	Business Phone:	Mobile:	
Parent 2 Business Name:	Business Phone:	Mobile:	
Parent 1 Email:			
Parents' Marital Status (Check all that apply):			
Married: Divorced: Separated: 🗖	Parent 1 Remarried: 🗖	Parent 2 Remarried: 🗖	
Child's Physician:	Phone:		
Allergies:			
Emergency contact besides parents:			
Name:	Phone:		
Parent 1 authorized to pick up child? Yes: D No: D	Parent 2 authorized to	Parent 2 authorized to pick up child?: Yes: No:	
Other persons authorized to pick up child:			
1:	2:		

ABDLNSTV

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