

CHILDREN'S GARDEN PRIMARY SUMMER CAMP



“Under The Sea” registration page



JULY 7TH TO JULY 17TH
MONDAY THROUGH THURSDAY

9:00 A.M. TO 12:00 P.M. (OR 1:00 P.M. WITH LUNCH)

CHILD'S NAME: _____ DATE OF BIRTH: _____

CONTACT INFORMATION:

PARENT #1: _____

PARENT #2: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

AUTHORIZED TO PICK-UP (OTHER THAN PARENTS):

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED): _____

RELATIONSHIP: _____

PHONE: _____

_____ \$625 FOR 2 WEEKS SUMMER CAMP

_____ CHECK ENCLOSED

_____ +\$100 LUNCH OPTION FOR 2 WEEKS

_____ BRIGHTWHEEL ACCOUNT

TOTAL: _____

SIGNATURE: _____

DATE: _____

Medical, Immunization Record, Authorization for Medical Emergency Medical Care and Disclosures & Permissions forms for new students will be distributed in July and must be returned by the start of camp.

If your child has severe allergies requiring emergency medication, a current Emergency Care Plan must be provided with these medications to attend camp. General Health Appraisal Forms and Immunization Records must be current within 12 months for current students.