



Summer Camp Registration Form

Child's Name: _____

Location: Charlotte Davidson

Street Address: _____

Home Phone: _____

City, State Zip: _____

Cell Phone: _____

Birthdate: _____

Male Female

T-shirt size S

M L

Parent/Guardian Info

Parent/Guardian Name: _____

Relationship to student: _____

Emergency contact and phone number: _____

Person(s) authorized to pick up your child: _____

Person(s) NOT authorized to pick up your child: _____

Are there any medical conditions or allergies that we should know about? YES NO

If YES please explain: _____

Preferred hospital in case of medical emergency: _____

Please check **each** session your child will attend:

Session 1 June 12 - June 16

Session 4 July 10 - July 14

Session 2 June 19 - June 23

Session 5 July 17 - July 21

Session 3 June 26 - June 30

Session 6 July 24 - July 28