



SPRING BREAK CAMP 2022

NAME OF CHILD: _____ Age: _____ GENDER: M/F

ADDRESS: _____ CITY, ZIP CODE: _____

PARENT NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT #1 NAME: _____ PHONE # _____

EMERGENCY CONTACT #2 NAME: _____ PHONE # _____

Any food or drug allergies: _____

Any other information we should know about your child:

Any siblings in camp with the above child?

Name(s) _____

Days registering for: Please check all if attending the full week

- March 21
- March 22
- March 23
- March 24
- March 25

*Extended hours available \$5 extra per day. 730am-5:30pm. \$1 for each minute past 5:30pm pick up time.

*\$125 for the week or \$25 per day.

Signature of parent or legal guardian: _____ Date: _____