

Holiday Camp Registration

Parent Name: _____
Student Name: _____ Age: _____ D.O.B _____
Student Name: _____ Age: _____ D.O.B _____
Student Name: _____ Age: _____ D.O.B _____

Address:
Street: _____ City: _____ Zip Code: _____
Phone: _____
Email: _____

Emergency Contact (other than above):
Name: _____
Relation: _____
Phone: _____

Does your child have any medical conditions, food allergies, or special needs?

I am registering my child(ren) for:
(Please circle days and times)

Swiftie's Camp

Ages 3-6 9:30am-12pm 12/19 12/28

Ages 7-11 4:30-7pm 12/19 12/28

My Doll Camp

Ages 3-6 9:30am-12pm 12/20 12/29

Signature: _____

Date: _____