

# Spring 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 check days)

**Witches & Princesses Camp**

17<sup>th</sup> \_\_ 18<sup>th</sup> \_\_ 19<sup>th</sup> \_\_ 20<sup>th</sup> \_\_ 21<sup>st</sup> \_\_

**Hawaiian Camp**

17<sup>th</sup> \_\_ 18<sup>th</sup> \_\_ 19<sup>th</sup> \_\_ 20<sup>th</sup> \_\_ 21<sup>st</sup> \_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_