



Registration for SUMMER PROGRAM

Child's Name _____

DOB _____

Parent or Guardian Info #1

Name _____

Address _____

Phone # _____ Relationship to child _____

Email _____

Parent or Guardian Info #2

Name _____

Address _____

Phone # _____ Relationship to child _____

Email _____

Emergency Contacts

Name _____ Number _____

Name _____ Number _____

Allergies _____