

KinderCAMP Registration

Student: _____

Parent/Legal Guardian: _____

Address: _____

Phone Number: (home) _____

(work) _____

(cell) _____

Emergency Contact (If parents are unavailable):

Name: _____

Phone Number: _____

Allergies: _____

*Please turn in your \$25 payment before May 17 in order to reserve your spot and receive a KinderCAMP shirt. If payment is received after this date, your child will NOT receive a shirt.