

2024 KIDS DISCOVERY CAMP



REGISTRATION FORM

PLEASE NOTE:

Summer camp applications will be accepted from **April 1–June 1**. These dates are final so that we have the staff, supplies, and activities planned and ready for the start of camp.

Member Name: _____

Member Number: _____

Email Address: _____

Child's Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____

Current Grade: ____ **Relationship:** _____

Member Home Address:

Member Phone: _____

Nanny/Babysitter's Name: _____

Cell Phone: _____

Mother's Name: _____

Cell Phone: _____

Email Address: _____

Father's Name: _____

Cell Phone: _____

Email Address: _____

Dates

- Week 1:** June 18–20
- Week 2:** June 25–28 (Fun Friday)
- Week 3:** July 1–3
- Week 4:** July 9–12 (Fun Friday)
- Week 5:** July 16–18
- Week 6:** July 23–26 (Fun Friday)
- Week 7:** July 30–August 1

T-Shirts (\$14 each)

(Please indicate size and quantity)

- Extra Small** _____ (Quantity)
- Small** _____ (Quantity)
- Medium** _____ (Quantity)
- Large** _____ (Quantity)

continued on next page...

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Emergency Contact 1: _____ **Phone:** _____

Emergency Contact 2: _____ **Phone:** _____

Family Physician: _____ **Phone:** _____

Does your child have any special needs/health considerations that the counselors need to be aware of?

YES NO

If yes, please state: _____

What specific issues relating to social behavior and educational development should the counselors be aware of? (Include food issues, fears, interests, etc...)

Signature: _____ **Date:** ____ / ____ / ____