

MORRELL SUMMER DAY CAMP 2018

REGISTRATION FORM

Name: _____ Age: _____

Parent/guardian: _____

Phone #: _____ Cell #: _____

Email address: _____

Address: _____

Allergies/notes: _____

Care Card #: _____

Emergency Contact: _____

THEMES - the days or weeks that you wish to register in:

Total Fees :

Water Wizards July 3___ 4___ 5___ 6___ _____

Slime Time July 9___ 10___ 11___ 12___ 13___ _____

Forest Detectives July 16___ 17___ 18___ 19___ 20___ _____

Sense-sational July 23___ 24___ 25___ 26___ 27___ _____

Creatures Among Us July/August 30___ 31___ 1___ 2___ 3___ _____

Icky Insects August 7___ 8___ 9___ 10___ _____

Kids vs. Wild August 13___ 14___ 15___ 16___ 17___ _____

Mad Scientists August 20___ 21___ 22___ 23___ 24___ _____

Fun Favorites August 27___ 28___ 29___ 30___ _____

PERSONS AUTHORIZED TO PICK UP THE CHILD:

Name and Contact Info:

Relationship:

1. _____

Home Phone: _____ Cell _____

2. _____

Home Phone: _____ Cell _____

3. _____

Home Phone: _____ Cell _____