

MORRELL SUMMER DAY CAMP 2019

REGISTRATION FORM

Name: _____ Age: _____

Parent/guardian: _____

Phone #: _____ Cell # _____

Email address: _____

Address: _____

Allergies/notes: _____

Emergency Contact: _____

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

THEMES	MONTH	DATES	Total Fees
Slime Time	JULY	2__ 3__ 4__ 5__	
Water Wizards	JULY	8__ 9__ 10__ 11__ 12__	
Forest Detectives	JULY	15__ 16__ 17__ 18__ 19__	
Sense-sational	JULY	22__ 23__ 24__ 25__ 26__	
Wacky Weather	JULY/AUGUST	29__ 30__ 31__ Aug. 1__ 2__	
Icky Insects	AUGUST	6__ 7__ 8__ 9__	
Kids vs. Wild	AUGUST	12__ 13__ 14__ 15__ 16__	
Mad Scientists	AUGUST	19__ 20__ 21__ 22__ 23__	
Fun Favorites	AUGUST	26__ 27__ 28__ 29__	

PERSONS AUTHORIZED TO PICK UP THE CHILD: _____

Name and Contact Info: _____ Relationship: _____

1. _____

Home Phone: _____ Cell _____

2. _____

Home Phone: _____ Cell _____

3. _____

Home Phone: _____ Cell _____