



Summer Camp Registration & Information Change Form

Date: _____ Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Change in Schedule

- I would like to **withdraw** my child from the following week(s):
- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> May 21-22 | <input type="checkbox"/> May 26-29 | <input type="checkbox"/> June 1-5 |
| <input type="checkbox"/> June 8-12 | <input type="checkbox"/> June 15-19 | <input type="checkbox"/> June 22-26 |
| <input type="checkbox"/> June 29-July 3 | <input type="checkbox"/> July 6-10 | <input type="checkbox"/> July 13-17 |
| <input type="checkbox"/> July 20-24 | <input type="checkbox"/> July 27-31 | |
- I would like to **add** the following week(s):
- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> May 21-22 | <input type="checkbox"/> May 26-29 | <input type="checkbox"/> June 1-5 |
| <input type="checkbox"/> June 8-12 | <input type="checkbox"/> June 15-19 | <input type="checkbox"/> June 22-26 |
| <input type="checkbox"/> June 29-July 3 | <input type="checkbox"/> July 6-10 | <input type="checkbox"/> July 13-17 |
| <input type="checkbox"/> July 20-24 | <input type="checkbox"/> July 27-31 | |

Change in Information

- New Home Phone Number: _____
- New Address: _____
- New Work Number: _____ Mother/Father
- New Cell Phone Number: _____ Mother/Father

Pick Up Contact Change

- Add Contact Remove Contact Update Contact

Name of Authorize Pick Up Contact: _____

Address: _____ Relation to the Child: _____

Phone Number: _____ Cell Phone Number: _____

Please note: To remove a legal parent or guardian from the pick-up list, you must provide legal documents stating that they are no longer able to pick-up the child.

Parent/Guardian Signature: _____

Staff Signature: _____ Date: _____