



SUMMER CAMP REGISTRATION FORM 2020

Please choose the weeks your camper will attend

June 15th half day June 22nd half day *June 29th half day July 6th July 13th July 20th

Week 1 full day Week 2 full day Week 3 full day Week 4 Week 5 Week 6

Early drop available 8:00 am - 9:00 am Price: \$15 an hour for occasional drop or \$65 a week

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

**PLEASE NOTE: Week 3 we will be closed on Friday July 3rd This week is a prorated price.*

Camper's name: _____ Nick name: _____ DOB: _____

Address: _____

Primary Phone # _____

Mother/Guardian Name: _____ Moms Cell # _____ Email _____

Father/Guardian Name: _____ Dads Cell # _____ Email _____

Camper's Doctor _____ Phone #: _____ Address _____

Emergency Contact Names and Numbers

Name: _____ Relation _____ Cell # _____

Name: _____ Relation _____ Cell # _____

Pick Up Authorization

Name: _____ Cell # _____

Name: _____ Cell # _____

Has your child been to nursery school, daycare or other: (specify) _____

Does your child have any specific fears: _____

Does your child have any allergies: _____

I GIVE WRITTEN PERMISSION TO JULIANA LAMBIASI AND JOANIE BIVAS, DIRECTORS OF THE CHURCH IN THE HIGHLANDS SUMMER CAMP OR ANY OTHER AUTHORIZED PERSON IN CHARGE OF THE CAMP TO OBTAIN MEDICAL CARE FOR MY CHILD IF HE/SHE DEVELOPS SYMPTOMS OF ILLNESS OR IS INJURED WHILE AT CAMP.

Parent or Guardian Signature: _____ Date: _____