



FALL Registration 2009-2010

ALL WEDNESDAYS
11:30 AM - 1:30 PM
6 Weeks - 5 Years

Sept 9 - May 26 (excludes Nov 25; Dec 16, 23, 30)

WALK-IN DATES (If available)

Cost: \$10 per day

| | | | | |
|-------------|------------|------------|------------|------------|
| ___ Sept 9 | ___ Oct 21 | ___ Jan 6 | ___ Feb 24 | ___ Apr 14 |
| ___ Sept 16 | ___ Oct 28 | ___ Jan 13 | ___ Mar 3 | ___ Apr 21 |
| ___ Sept 23 | ___ Nov 4 | ___ Jan 20 | ___ Mar 10 | ___ Apr 28 |
| ___ Sept 30 | ___ Nov 11 | ___ Jan 27 | ___ Mar 17 | ___ May 5 |
| ___ Oct 7 | ___ Nov 18 | ___ Feb 3 | ___ Mar 24 | ___ May 12 |
| ___ Oct 14 | ___ Dec 2 | ___ Feb 10 | ___ Mar 31 | ___ May 19 |
| | ___ Dec 9 | ___ Feb 17 | ___ Apr 7 | ___ May 26 |

Child's Name _____ Name Called: _____

Birthdate: _____ Age: _____ Sex: _____

School child is attending: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Zip Code: _____

Email: _____

Home #: _____ Work #: _____ Cell #: _____

Medical or other information we need to know. (Please include any allergies, especially food allergies or special needs): _____

*If you have already turned in a medical release form for Little Lambs you do not need to do another one.

Insurance Carrier: _____ Policy Number: _____

Name of Policy Holder: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Who may pick up your child at the end of camp each day? Please list all names of those eligible.

Other Information: Do you attend church or Sunday School? If so, where: _____