



Registration 2010-2011

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

Sept 1 - May 25 (excludes Nov 24; Dec 15, 22, 29)
WALK-IN DATES (if available)

Cost: \$12 per day

___ Sept 1	___ Oct 20	___ Jan 5	___ Feb 23	___ Apr 13
___ Sept 8	___ Oct 27	___ Jan 12	___ Mar 2	___ Apr 20
___ Sept 15	___ Nov 3	___ Jan 19	___ Mar 9	___ Apr 27
___ Sept 22	___ Nov 10	___ Jan 26	___ Mar 16	___ May 4
___ Sept 29	___ Nov 17	___ Feb 2	___ Mar 23	___ May 11
___ Oct 6	___ Dec 1	___ Feb 9	___ Mar 30	___ May 18
___ Oct 13	___ Dec 8	___ Feb 16	___ Apr 6	___ May 25

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: _____