

SUMMER ADVENTURE CAMP

Date_____

Classes are formed by age / birthdays

CHILD'S NAME_____ DATE OF BIRTH_____

ADDRESS _____ PHONE _____

PARENT'S NAME _____

E-mail _____

Name of a responsible person to contact in case of emergency if parents cannot be reached:

NAME_____ PHONE _____

MEDICAL INFORMATION

List any allergies_____

Physical activity limitations _____

Special needs or notes_____

Who is NOT authorized to pick up your child? _____

T-shirt size _____

Each child should have a separate form.

Please submit this form and the \$125 payment to the Weekday Preschool office or church office.

Payment can be by check or with a credit card. Credit cards can be used at the Giving Kiosk or on the Mount Ararat website under Online Giving, Weekday Preschool.