



WAITING LIST

Completed Kindergarten- 5th Grade
June 24-28
9 AM- 3 PM
\$70 (Fee will be paid if added to camp)

Child's Name: _____ Grade Completed: _____
Birthdate: _____

Medical/Food Allergies _____

T-Shirt Size (Circle one): YS YM YL YXL AS AM AL AXL

New this year: Registration for classes will take place after registration closes. An email will be sent in June with info on how to choose classes.

PARENT INFORMATION:

Parent's Name(s): _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Address: _____

Waiting List (no payment needed at this time)

Method of Payment: Check: _____ Check Number: _____ Amount: _____

Cash: _____ Amount: _____