



Ashland Summer Day Camp Registration Form

(One Card per Child)



Name of Child: _____ DOB: _____ Age: _____ Sex: M / F

Grade entering in the fall: _____ Shirt Size: Y____ or A____

Mailing Address: _____ Town: _____ Zip: _____

Emergency Information

Legal Guardian's Name: _____ Day Phone: _____

Mother's Name: _____ Cell /Home / Work: _____/_____/_____

Father's Name: _____ Cell /Home /Work: _____/_____/_____

Doctor's Name: _____ Phone: _____ Hospital: _____

If unable to reach parents, please contact: _____ Phone: _____

Medications: _____

Allergies (include food): _____

Any other information that may help us better meet your child's needs:

(Please Circle by Sessions or Weeks)

Session #1



Wk #1 June 24-June 28 Wk #2 July 1,2&3

Session #2



Wk #3 July 8-July 12 Wk #4 July 15-July 19

Session #3



Wk #5 July 22-July 26 Wk #6 July 29-Aug 2

LAST WEEK



Wk #7 Aug 5-Aug 9