



# 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: \_\_\_\_\_ E-mail \_\_\_\_\_

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