

Ashland Summer Day Camp Registration Form

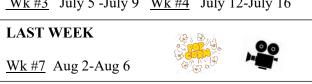
(One Card per Child)



Name of Child:	DOB: Age:	Sex: M / F
Grade entering in the fall: Shirt Size: (please	circle one) YXS YS YM YL YXL O	R Adult S M L
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:	Pho	one:
Medications:		
Allergies (include food):		
Any other information that may help us better meet you	ar child's needs:	
	(Please Circle by Sessions or Weeks)	

Session #1 <u>Wk #1</u> June 21- June 25 <u>Wk #2</u> June 28- July 2





Session #3 <u>Wk #5</u> July 19-July 23 <u>Wk #6</u> July 26-July 30