



# 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 OR 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: \_\_\_\_\_ 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 21- June 25    Wk #2 June 28- July 2

### Session #2



Wk #3 July 5 -July 9    Wk #4 July 12-July 16

### Session #3



Wk #5 July 19-July 23    Wk #6 July 26-July30

### LAST WEEK



Wk #7 Aug 2-Aug 6