

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:		<u>.</u>	
Allergies (include food):			
Any other information that may help us better meet yo	our child's needs:		
	(Please Circle by Sessions or Weeks)		

Session #1







<u>Wk #1</u> June 26- June 30 <u>Wk #2</u> July 5- July 7

Session #2



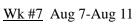






<u>Wk #3</u> July 10 -July 14 <u>Wk #4</u> July 17-July 21

LAST WEEK







Session #3







Wk #5 July 24-July 28 Wk #6 July 31 – Aug. 4