



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 26- June 30

Wk #2 July 5- July 7

Session #2



Wk #3 July 10 -July14

Wk #4 July 17-July 21

Session #3



Wk #5 July 24-July 28

Wk #6 July 31 – Aug. 4

LAST WEEK



Wk #7 Aug 7-Aug 11