



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

\$50 Deposit is due with form.

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- July 5

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

