

# Ashland Vacation Camp Registration Form

(One Card per Child)

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Grade entering in the fall: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Information \*\*3 Days \$90 \*\* December 30 – January 1\*\* Payment due by December 30\*\***

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)