

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: Hosp	oital:	_
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 Week	s)	

Session <u>#1</u>







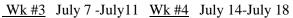
Session <u>#2</u>











LAST WEEK





Session #3





<u>Wk #5</u> July 21-July 25 <u>Wk #6</u> July 28 – Aug. 1

<u>Wk #7</u> Aug 4-Aug 8