Gentenary Day Gamp

	<u></u>			
For Office Use only	Camper's Name:			
	Last:		First:	
	Address:			
	City:		Zip:	
	Home Phone:			
	Cell Phone:			
	Age:	M/F	Date of Birth:	
	Grade in the fall:			
*				
Parent(s)/ Guardian:				
Name:				
Day phone:	Evening Phone:			
Name:				
Day phone:	Evening Phone:			
Emergency contact if parents cannot be reached:				
Name:				
Day Phone:				
Evening Phone:				
Cell Phone:				
Food Allergies? Yes	□ NO □ List	Allergies Below		

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Child's swimsuit size	
Child's shirt size	
And Child in an About and all all and	
wiy Child is an the custodial care	e of (check one)
	☐ Other
May your child be release to any	yone other than the custodial parent/guardian? ☐Yes ☐ No
If yes, please list	t:
I give permission for my child to	be photographed and for the camp to use the pictures for publicity purposes.
	d to be transported to and from the Centenary Day Camp.
	attend Centenary Day Camp and to participate in all of the activities of the day
camp including swimming lessor	is in the swimming pool.
Print Name:	
Signture:	