

CDU SUMMER DAY CAMP

REGISTRATION FORM

NAME: _____ AGE: _____

ADDRESS: _____ APT. # _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ EMAIL: _____

MOTHER'S NAME: _____ CELL # _____ BUS# _____

FATHER'S NAME: _____ CELL # _____ BUS# _____

HEALTH NUMBER: _____

EMERGENCY CONTACT: _____

ALLERGIES: _____

I GIVE PERMISSION FOR MY CHILD TO PARTICIAPTE IN CDU SUMMER DAY CAMP FOR THE WEEKS OF JULY 13-17 2020 AND/OR AUG 10-14 2020 FROM THE HOURS OF 9AM-4PM. I WILL SEND A PEANUT FREE LUNCH AND PEANUT FREE SNACKS WITH MY CHILD. I also allow pictures to be taken of my child to be displayed for camp purposes ONLY.

DATES ATTENDING CAMP: _____

PARENT/GUARDIAN SIGNATURE

FOR OFFICE USE ONLY:

AMOUNT PAID: _____

DATE: _____

EARLY DROP OFF/LATE PICKUP AMOUNT : _____