



Friday Camp Registration Form

Child's Name: _____

Child's D.O.B: _____

Parent's Name: _____

Number: _____

Email: _____

Allergies (if any): _____

Potty Trained: _____

Do you give us permission to use images taken during this camp to be used on our social medial platform? YES / NO

Time In: _____

Time Out: _____

Person Name: _____

Teacher's Name: _____

Sign: _____

Please send a change of clothes and extra pair of shoes along with any other necessary items you feel the child will need.