

# CAMP CORNERSTONE



Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Age: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Please number these contacts in order of importance:

Phone Numbers: Mom: \_\_\_\_\_ home

\_\_\_\_\_ work

\_\_\_\_\_ cell

Dad: \_\_\_\_\_ home

\_\_\_\_\_ work

\_\_\_\_\_ cell

Emergency Contact name and number if parents cannot be reached: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

All day camp is from 7:00 to 5:30 pm. Half day camp from 7:00 to 12:30.

My child will attend: \_\_\_\_\_ whole day \_\_\_\_\_ half day

Please turn this form in with your registration fee.

Weekly fees will be due on the Monday of the week you are attending.

Registration fee: \$50

Weekly fee: \$195 whole day \$98 half day

