

Check **All Sessions** that apply.

Campers Name: _____ Age: _____

Parents Name: _____ Phone #: _____

Email: _____

Emergency Contact Name & #: _____

Food Allergies: _____ Shirt Size: _____

I give permission for my child's photo to go on the Preschool FaceBook page or Website

Please mark one: Yes _____ No _____

Attending Camp(s):

Session I: May 21st-24th- Ms. Salinda & Ms. Kelly (ages 3-5yrs)

Session I: May 21st-24th- Ms. Mary Ann & Ms. Ivy (ages FF- 2yrs)

Session II: June 4th – 7th- Ms. Mary Ann & Ms. Ivy (ages 3-5yrs)

Session II: June 4th- 7th- Ms. Christina & Ms. Marcia (ages FF-2yrs)

Session III: June 18th-21st- Ms. Ivy & Ms. Mary Ann (ages 3-5 yrs)

Session III: June 18th -21st- Ms. Courtney & Ms. Wendi (ages FF- 2yrs)

Session IV: July 16th-19th- Ms. Ivy & Ms. Mary Ann (ages 3-5 yrs)

Session IV: July 16th-19th - Ms. Christina & Ms. Marcia (ages FF-2yrs)

REGISTRATION DUE APRIL 9th