



FEBRUARY VACATION CLUB ENROLLMENT FORM

Please PRINT clearly:

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE LIST ANY ALLERGIES _____

#1 Parent/Guardian Name: _____

Primary number for contacting while child is in camp: _____

#2 Parent/Guardian Name _____

Primary number for contacting while child is in camp: _____

Emergency Contact (other than parents/guardians)
(must be available 8:30 am - 3:00p.m. and have authorization to pick up:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Please add anything you feel is important for us to know about your child, to help make camp a positive experience:

Parent/Guardian signature _____