



278 Great Road
 Acton, MA 01720
 978-302-0985

Summer Camp Registration Form

ATTENDEE INFORMATION (one child per form)

Last:		First:		MI:	
Nickname				Grade in September 2016:	
Birthday (MM/DD/YYYY)					
Please circle: Male or Female					
Allergies					
Special Accommodations					

PARENT/ GUARDIAN INFORMATION

Name(s)			
Mailing Address			
City, State, Zip			
Home Phone		Cell Phone:	
E-mail Address			
List anyone authorized who may pick up your child including yourself. ID required-- must match designated pick-up			

Which session will you attend?

July 11-July 22	
July 25- August 5	

***Required paperwork: Please provide a copy of your child's physical and immunization record dated within two calendar years of session week participation. These records must be on file prior to the first day of camp, or child will not be admitted due to Board of Health regulations.