

Registration for LEAPP FROG Day Camp

Please write legibly

Participant Name _____

School _____ Current Grade (must be kindergarten-3rd) _____

Participant Name _____

School _____ Current Grade (must be kindergarten-3rd) _____

Participant Name _____

School _____ Current Grade (must be kindergarten-3rd) _____

Parent Name _____ Parent Cell _____ - _____

Parent E-Mail Address _____

Parent Name _____ Parent Cell _____ - _____

Parent E-Mail Address _____

Emergency Contact (must be someone local) _____

Relationship to camper _____ Phone number _____

Emergency Contact (must be someone local) _____

Relationship to camper _____ Phone number _____

Does this child have any allergies that we need to be aware of? _____

If yes, explain what this entails and if there are things we need to be made aware of.

What do we need to know about your child to make their experience with us at day camp excellent!?

May we use your child's picture for Calvary publications? _____