

PAS KIDS CAMP REGISTRATION FORM

JULY 08-12, 2024

AM SESSION 9:00 AM-11:30 AM _____

PM SESSION 12:30 PM-3:00 PM _____

EVENING SESSION 5:00 PM-8:00 PM _____ (July 08-11)

CHILD'S **FIRST** NAME _____ NICKNAME _____

CHILD'S **LAST** NAME _____

BIRTHDATE _____ AGE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENTS NAMES(M) _____ (F) _____

PHONE(M) _____ (F) _____ EMAIL _____

SPECIAL NEEDS/ALLERGIES ___ **YES** ___ **NONE**

IF YES EXPLAIN CONDITION _____

NAME OF PERSON PICKING UP CHILD _____

RELATIONSHIP _____ PHONE _____

NAME OF PERSON PICKING UP CHILD _____

RELATIONSHIP _____ PHONE _____

COST: \$60 _____ Second Child(**same family**) COST: \$50 _____

**WE WOULD LIKE PERMISSION TO USE YOUR CHILD'S PHOTOS IN ANY PUBLICITY WITH OUR
SUMMER CAMP**

I grant permission(name)_____RELATIONSHIP_____