

# 2019 Providence Creek Academy SUMMER CAMP REGISTRATION FORM

**Camper's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
(Last) (First)

**Birthday:** \_\_\_\_\_ **Size T-Shirt:** \_\_\_\_\_ (Youth / Adult)  
(Month/Day/Year)

**Does this child have any siblings attending camp?** YES NO (circle one)

If yes, please provide names of siblings: \_\_\_\_\_  
**(PLEASE MAKE SURE THE SIBLING HAS A SEPARATE REGISTRATION & EMERGENCY FORM)**

Is your child going to be: PART TIME (Less than 3 Days) or FULL TIME (3 or more Days)

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
 (Emails will be sent out periodically for important information about camp.)

By signing below, I \_\_\_\_\_ understand that my child's spot is not yet guaranteed. I also understand that there is a \$50 registration fee to be paid and an emergency contact form, in order for my child's registration to be complete.

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 (Date)

**In order for us to better plan for the summer, please CIRCLE the weeks you plan on having your child attend camp below.**

Week	Start date of week	End date of week
1	June 17 <sup>th</sup>	June 21 <sup>st</sup>
2	June 24 <sup>th</sup>	June 28 <sup>th</sup>
3	July 1 <sup>st</sup>	July 5 <sup>th</sup>
4	July 8 <sup>th</sup>	July 12 <sup>th</sup>
5	July 15 <sup>th</sup>	July 19 <sup>th</sup>
6	July 22 <sup>nd</sup>	July 26 <sup>th</sup>
7	July 29 <sup>th</sup>	August 2 <sup>nd</sup>
8	August 5 <sup>th</sup>	August 9 <sup>th</sup>

\*\* Field trip list is to be determined. \*\*