



CHOSEN GENERATION SUMMMER CAMP



PERSONAL INFORMATION

PARENT/GUARDIAN NAME:

CHILD'S NAME (LIST ADDITIONAL CHILDREN BELOW):

CHILD'S AGE:

EMAIL ADDRESS:

PHONE NUMBER:

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

EMERGENCY CONTACTS

NAME/RELATIONSHIP:

PHONE NUMBER:

NAME/RELATIONSHIP:

PHONE NUMBER:

ADDITIONAL CHILDREN

CHILD'S NAME/AGE/GRADE:

CHILD'S NAME /AGE/GRADE:

CHILD'S NAME/AGE/GRADE:

CHILD'S NAME/AGE/GRADE:

SPECIAL CONCERNS (allergies, medications, medical conditions, etc)

GRADE JUST COMPLETED:	K5	1ST	2ND	3RD
	4TH	5TH	6TH	7TH
	PK-4			

ACTIVITIES MY CHILD ENJOY:
