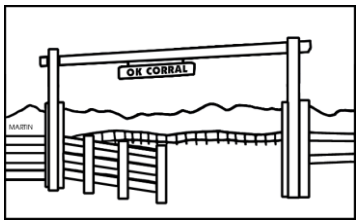
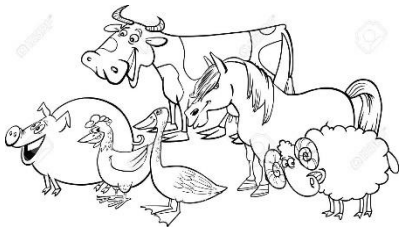


CCK Summer Camp 2019

HOME ON THE CCK RANGE

Wednesday, May 29-Friday, May 31
9:00 AM-1:00 PM



Name: _____
Preferred Name Last Name

Gender: F _____ **M** _____ **Date of Birth:** _____

Age Group for the 2018-2019 School Year:
(Campers must be 2 on or before August 31, 2019 and must have attended at least one year of preschool)

_____**Toddlers** _____**Twos** _____ **Threes** _____ **Fours** _____**Kindergarten**

Home Address: _____

Mother's Name: _____

Mother's Phone Number: _____

Father's Name: _____

Father's Phone Number: _____

Preferred Email (For Camp Communication): _____

Emergency Contact: (Other than Parents): _____

Relationship to Child: _____ **Phone Number:** _____

Allergies/Medical Needs: _____

$175 Camp Fee

(Due with Application)

Checks made out to "CCK" (One check per family)

Please Draft my account on file

Initial Here

Registration is first come, first served. Space is limited!

For Office Use only:

Date: _____
AM or PM
Draft/Check: _____
Amount: _____