

# AMITY TOWNSHIP DAY CAMP REGISTRATION 2009

1. Complete a registration form for each child. Pre-registration and payment is required.
2. Check the desired weeks in the bottom section of the form.
3. There are no refunds or credits issued for missed days, late arrivals, dismissal from camp, withdrawal or absence due to illness or family vacation.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Phone: (\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Father's Phone: (\_\_\_\_) \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Child Lives With:  Mother  Father  Both Parents (Please circle one.)

Special Custody Situations: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Who Else May Pick Up Your Child? \_\_\_\_\_

## CAMPER WEEKS

Please circle the desired week(s).

June 15 – June 19

June 22 – June 26

June 29 – July 3

July 6 – July 10

July 13 – July 17

July 20 – July 24

July 27 – July 31

Aug. 3 – Aug. 7

Amount Paid \$ \_\_\_\_\_ Method: \_\_\_\_\_ Date Paid: \_\_\_\_\_