

		Nickname:		
		Allergies:		
Primary Address:				
School District:				
Parent/Guardian:			E-mail:	
Parent/Guardian:		Phone:	E-mail:_	
Emergency Contact:		Phone:	Relationship:	
How did you hear ab	oout us?			
				ell phone you prefer the
E-mail Address:			\$ \$,
Text:			\$	
SUMMER 2021 CI	ass/Camp Selection	n:		
Day & Time	Class Name			
Day & Time	Class Name			
Day & Time	Class Name			
Day & Time	Class Name			
Day & Time	Class Name			
Day & Time	Class Name			
Day & Time	Class Name			
Day & Time	Class Name			