



5238 Mile Stretch Drive
Holiday, FL 34690
(727) 389-4750
info@wowschools.org

2017 Summer Camp Registration

Child's Name: _____

Date of Birth: _____

Street Address: _____

City, Zip code: _____

Mom's Name _____

Phone # _____

Dad's Name _____

Phone # _____

Email Address: _____

Emergency Contacts:

Name: _____

Relationship to child: _____

Phone #: _____

Name: _____

Relationship to child: _____

Phone #: _____

Child's shoe size: _____

Child's shirt size: _____

Can your child swim? _____

Does your child have any allergies? If so, please list. _____

Is there anything else you would like us to know about your child?

**The first week's payment is due upon registration.*