



278 Great Road
 Acton, MA 01720
 978-302-0985

Summer Camp Registration Form

ATTENDEE INFORMATION (one child per form)		
Last:	First:	MI:
Nickname		Grade in September 2016:
Birthday (MM/DD/YYYY)		
Please circle: Male or Female		
Allergies		
Special Accommodations		
PARENT/ GUARDIAN INFORMATION		
Name(s)		
Mailing Address		
City, State, Zip		
Home Phone		Cell Phone:
E-mail Address		
List anyone authorized who may pick up your child including yourself. ID required-- must match designated pick-up		

Which Session will you attend?
 Regular Camp Hours – 9 am – 4pm daily

July 8 – July 19, 2019	
July 22-August 2, 2019	

***Required paperwork: Please provide a copy of your child's physical and immunization record dated within two calendar years of session week participation. These records must be on file prior to the first day of camp, or child will not be admitted due to Board of Health regulations.