

7:30 a.m. - 5:30 p.m.

Summer Day Camp Sign Up Sheet



AGES 4 - 11

Child's Name						Age	Date of Birth				
2 nd Child's Name						Age	Date of Birth				
Parent's	Name _					Email					
Address											
Phone Home Wor						·k		Cell _			
Emerger	ncy Conta	act									
Any Med	dical Con	ditions o	r Allergie	es?							
Anything	g else we Mon		Ple	ase circle	the days	s you wish to reserve for eek of attendance is req	your ch	nild(ren).	days.	Thurs	Fri
MAY	IVIOII	Tues	Wed	24	25	JULY	2	3	veu 4	5	6
	28	29	30	31	1		9	10	11	12	13
						I	16	17	18	19	20
JUNE	4	5	6	7	8		23	24	25	26	27
	11	12	13	14	15	JULY/AUG	30	31	1	2	
	18	19	20	21	22					<u> </u>	
	25	26	27	28	29		C	1100	me		.0 20
		1			I	ı					
	-					erved for your child. UNDS ON NON-USED	-		-		-
				here:			DAIS	·······································	. ICUU U	iia aiia	Ji Stana tii
-				_	-	to be used by Discove			-	notional	purposes
						e (<u>www.discoverygyn</u>					
		-		• .		olves risks and possible a risk of physical injury		•	-		
			-		=	ed, no matter what he					
			-	•		t Discovery Gymnastic	_			_	
						y child or myself. My					=
-			•		-	, participation in this pro		•		. ,	•
Signatu	re					Date					
						sheet and deposit into					
	=	=	=	ays per					for 2 nd		child)
-	-			e days			• •		for 2 nd		-

Please bring a sack lunch!!!