

RESURRECTION SUMMER CAMP APPLICATION 2021

(Due by May 28)

Child's Name: _____

Address: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Parent's Name: _____

Place of Employment: _____

Email: _____ Work#: _____

Parent's Name: _____

Place of Employment: _____

Email: _____ Work#: _____

Address and Phone (if different from above): _____

Caretaker Information: Name: _____ Phone: _____

Indicate the weeks you want to enroll your child.

Please remember; enrollment for a two week minimum is required.

July 5-7 _____

July 12-16 _____

July 19-23 _____

July 26-30 _____

Allergies known: _____

Please indicate your child's t-shirt size: 2-4 _____ 4-6 _____ 6-8 _____

Parent's Signature: _____

*****Please remit a \$30.00 non-refundable application fee by May 28,2021****