

SONSHINE DAY CAMP 2008 SUMMER REGISTRATION FORM

STUDENT INFORMATION			
Last Name	First Name	Last Grade Completed	
Home Address	City	Zip	
Home Phone	Date of Birth		
Rash Guard Size (Select One) Sample sizes available in School Office	Youth Med	Youth Lg	Adult Sm
	Youth Med	Youth Lg	Adult Sm
T-shirt Size (Select One)	Youth Lg	Adult Med	Adult Lg
	Youth Lg	Adult Med	Adult Lg
Shirts will be worn 2x each week. I would like to order _____ extra shirts / \$10 each = Total _____ (Each child will receive one shirt)			
May child be given Tylenol?	Yes	No	Please Call First
Please list any allergies, medical conditions, etc.			
FAMILY INFORMATION			
Mother's Last Name	First Name		
Address	City	Zip	
Home Phone	Work Phone	Cell Phone	
Mother's Employer	Church Home		
Company Address	City	Zip	
Father's Last Name	First Name		
Address	City	Zip	
Home Phone	Work Phone	Cell Phone	
Mother's Employer	Church Home		
Company Address	City	Zip	
DOCTOR INFORMATION			
Name of Doctor	Name of Medical Facility		Phone Number
Street Address	City	Zip	
EMERGENCY CONTACT INFORMATION			
Name	Home Phone	Other Phone	Relationship
OFFICE USE ONLY			
Registration Amount	Check #	Date Received	
Extra Shirts	Check #	Date Received	