2016 Create and Bounce
Summer Camp Registration Form

CHILD NAME _____ **d.o.b**_____ **Boy**_____**Girl**____

CHILD NAME _____ **d.o.b**_____ **Boy**_____**Girl**____

CHILD NAME _____ **d.o.b**_____ **Boy**_____**Girl**____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL: _____

HOME: _____ **WORK:** _____ **CELL:** _____

EMERGENCY CONTACTS:

NAME: _____

RELATIONSHIP: _____**PHONE:**_____

NAME: _____

RELATIONSHIP: _____**PHONE:**_____

PLEASE SELECT CAMP OPTIONS:

LOCATION:

- ○ **BLACKWOOD**
- ○ **CHERRY HILL**
- ○ **LAKEWOOD**

- ○ **M-F , 9-5**
- ○ **EXT CARE AM**
- ○ **3 DAYS, 9-5**
- ○ **EXT CARE PM**
- ○ **M-F, 9-1 OR 1-5**
- ○ **3 DAYS, 9-1 OR 1-5**
- ○ **EXT CARE AM &PM**

- ○ **WK 1** June 27 July 1
- ○ **WK 2** July 5 July 8
- ○ **WK 3** July 11 July 15
- ○ **WK 4** July 18 July 22
- ○ **WK 5** July 25 July 29
- ○ **WK 6** Aug 1 Aug 5
- ○ **WK 7** Aug. 8 Aug. 12
- ○ **WK 8** Aug. 15 Aug. 19
- ○ **WK 9** Aug. 22 Aug. 26
- ○ **WK 10** Aug. 29 Sept. 2

PARENT/GUARDIAN SIGNATURE_____**DATE**_____