

2010 GATEWAY SCHOOL SUMMER CAMP REGISTRATION FORM

Child's Full Name _____ Nickname _____ M/F _____

Home Address _____
Street City State Zip Code

Child's Birth Date _____ Child's Language _____ Home Phone _____

Email Address _____ Fax Number _____

Guardian 1 Name _____ Home Phone _____

Home Address _____ Cell Phone / Pager _____

Work Name _____ Work Phone _____

Work Address _____

Guardian 2 Name _____ Home Phone _____

Home Address _____ Cell Phone / Pager _____

Work Name _____ Work Phone _____

Work Address _____

List all allergies and any special precautions or treatment indicated for these allergies (or NA):

List medications, food supplements, modified diets, or fluoride supplements being administered to the child (or NA):

List any chronic physical problems and any history of hospitalization (or NA): _____

List any diseases the child has had (or NA): _____

Parents may choose between two and four day attendance weekly. Please indicate the camp(s) your child will attend by placing an "x" in the box:

Gateway Camp 8:30 am to 11:30 am	Mon	Tue	Wed	Thu	Fri	Two Days \$45	Four Days \$85
Let's Party 1 June 1 - 4 (Tue - Fri)	NA						
Let's Party 2 June 7 - 10 (Mon - Thu)					NA		
Color Science June 14 - 17 (Mon - Thu)					NA		
Water Everywhere June 21 - 24 (Mon - Thu)					NA		
Dan's Music Camp July 12 - 15 (Mon - Thu)					NA		
Box Bonanza August 2 - 5 (Mon - Thu)					NA		

Guardian Signature _____ Date _____

* In order to reserve enrollment, please include a \$25 nonrefundable deposit toward the camp fee with this registration.