

## 2011 GATEWAY SCHOOL SUMMER CAMP REGISTRATION FORM

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M/F \_\_\_\_\_

Home Address \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 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:

<b>Gateway Camp</b> 8:30 am to 11:30 am	Mon	Tue	Wed	Thu	Fri	Two Days \$45	Four Days \$85
<b>BUBBLES</b> May 31 – June 3 (Tue – Fri)	NA						
<b>LET'S GO EXPLORING 1</b> June 6 - 9 (Mon – Thu)					NA		
<b>LET'S GO EXPLORING 2</b> June 13 - 16 (Mon – Thu)					NA		
<b>BOXES REVISITED</b> June 20 – 23 (Mon – Thu)					NA		
<b>OOEY GOOEY MIXTURES</b> June 27 - 30 (Mon – Thu)					NA		
<b>THERE'S MUSIC IN THE AIR</b> August 1 – 4 (Mon – Thu)					NA		
<b>SPORTS FANATICS</b> August 8 – 11 (Mon – Thu)							

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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