

HOC3 2018 Summer Camp Registration Form



Please print clearly. One child per form.

Grade Level for Fall 2018 (Circle one): 1st 2nd 3rd 4th 5th 6th

Child's Full Name:

Parent's Full Name:

Parent's Phone (in case of emergency):

Parent's Email:

Which time (Circle one): 9am-3pm (\$150) 9am-6pm (\$230)

Food Allergies:

Medications (please label with child's name):

(Do not write below this line.)

Paid: Y N Cash Check Check Number:

Signed waiver: Y N

Note