



# CAMP KINDNESS 2019

June 12-14, 9 am-12 pm

## Registration Form

### CAMPER INFORMATION

Camper's Name		M / F	Age	DOB	
Grade Entering in Fall	School attended spring of 2019	School attending fall of 2019			
Email Address					
Street Address		City / State / Zip			
What extracurricular activities does your child enjoy?					
Is there anything special we should know about your child to make his/her time at camp more fun?					

### PARENT INFORMATION

ADULT #1	Name	Home Phone
	Street Address • City • State Zip (if different from above)	Office Phone
	Email Address (if different than above)	Mobile Phone
ADULT #2	Name	Home Phone
	Street Address • City • State Zip (if different from above)	Office Phone
	Address (if different than above)	Mobile Phone

Please indicate relationship to child if guardian is other than Mother or Father

### EMERGENCY CONTACT INFORMATION

Emergency Contact #1	Relationship to Child	Home Phone
Address	Office Phone	Mobile Phone
Emergency Contact #2	Relationship to Child	Home Phone
Address	Office Phone	Mobile Phone
Physician or Medical Facility (name)		
Address	Phone	