

# Shenandoah Elementary Summer Camp Registration Form 2022

Complete a separate registration form for each child and return to the school office.

Child's Name: \_\_\_\_\_  
Last Name
First Name
Grade Level 2022-2023

Child's Address: \_\_\_\_\_  
Street
City
Zip

Parent/Guardian Information:  
 \_\_\_\_\_  
 First & Last Name

Parent/Guardian Information:  
 \_\_\_\_\_  
 First & Last Name

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

List the child's behavioral, educational, or medical needs including allergies & medications your child is using at home or in school on a daily basis.

\_\_\_\_\_

\_\_\_\_\_

Please circle week(s) or session(s) your child or attend?

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
5/31-6/3	6/6-6/10	6/13-6/17	6/20-6/24	6/27-7/1	7/5-7/8	7/11-7/15	7/18-7/22
4 day week					4 day week		

**Session 1 (weeks 1-4)**

**Session 2 (weeks 5-8)**

**Both Sessions (weeks 1-8)**

I have more than 1 child that will be attending

**Emergency Contact (over 18 years old – other than parent/guardian) who are authorized to pick up child:**

Name \_\_\_\_\_ Relationship to parent \_\_\_\_\_ phone number \_\_\_\_\_