

Summer Camp Registration

Name and Date of Camp _____

Price of Camp _____ Full Day or Half Day?

Child's Name First and Last _____

Child's Birthday _____

Parent's Name _____

Parent's Cell phone _____

Parent's Home Phone _____

People who can pick up child _____

Any court orders? _____

Parent's Address _____

In the case of emergency, do I have permission to take child for medical help? _____

(The following is optional)

MSP number _____

Doctor's name _____

Allergies? _____

Medical conditions and/or medication _____

Payment is by e-transfer to colwoodmusic@gmail.com

