

SCHOOLHOUSE OF WONDER

Fall Intersession Camp 2008 – Registration Form



Please check the session(s) you wish to attend.

Camps for children ages 5-11:

- River Camp**
Sept 15-19
- Otter Camp**
Sept 22-26
- Earth Camp**
Sept 29-Oct 3
- Turtle Camp**
Oct 6-10

Camper's Name _____

Male Female Birth Date _____ Age on arrival at camp _____

Camper's Address _____

City, State & Zip Code _____

Parent/Guardian Name _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Email _____

Other Parent/Guardian Name _____

Relationship _____

Telephone numbers: Home _____ Work _____

Cell/Other _____

Email _____

May we send camp information to you by email instead of regular mail? _____

Emergency Contact Name _____

Relationship _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Please tell us of any physical, medical, or emotional conditions your child might have that will require our special attention. Please specify particular challenges/allergies and associated medications or special needs, if any.

May Schoolhouse of Wonder have permission to use your child's picture in promotional materials? Yes _____ No _____

