



# Growing Tree Camp Registration

Please complete one form for each child you are registering

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian's Name(s) \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address \_\_\_\_\_

List any allergies or medical conditions we should be aware of:

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## In Case of Emergency Contact Information

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Preschool age class or grade your child last completed \_\_\_\_\_

Is your child currently registered at the Growing Tree this year or for next year? \_\_\_\_\_

If no, who were you referred by? \_\_\_\_\_

Please Mark if Attending	Camp Dates and Title	Deposit <b>(Office Use Only)</b>	Remaining Balance <b>(Office Use Only)</b>
	June 11 <sup>th</sup> – June 14 <sup>th</sup> Rockin' in My Water Shoes	Date Received _____ Amount _____ _____ Check _____ Cash	Date Received _____ Amount _____ _____ Check _____ Cash
	June 25 <sup>th</sup> – 28 <sup>th</sup> ART You Creative	Date Received _____ Amount _____ _____ Check _____ Cash	Date Received _____ Amount _____ _____ Check _____ Cash
	July 9 <sup>th</sup> – 12 <sup>th</sup> Fun & Fitness	Date Received _____ Amount _____ _____ Check _____ Cash	Date Received _____ Amount _____ _____ Check _____ Cash
	July 23 <sup>rd</sup> – 26 <sup>th</sup> Imagination Celebration	Date Received _____ Amount _____ _____ Check _____ Cash	Date Received _____ Amount _____ _____ Check _____ Cash
	August 6 <sup>th</sup> – 9 <sup>th</sup> Blast From the Past	Date Received _____ Amount _____ _____ Check _____ Cash	Date Received _____ Amount _____ _____ Check _____ Cash