

# KIDS DRAMA DAY CAMP - Registration Form

Child #1 Name: \_\_\_\_\_ Male/Female  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Care Card: \_\_\_\_\_  
Allergies/Concerns: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Male/Female  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Care Card: \_\_\_\_\_  
Allergies/Concerns: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Male/Female  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Care Card: \_\_\_\_\_  
Allergies/Concerns: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Permission to have picture taken on used on social media: Yes or No

How did you hear about the camp? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Office Use Only		
Paid by	Cash	Date Paid:
	Cheque # _____	_____
	Etransfer	