

Coastal Shores Christian Preschool Summer Camp 2010



Name _____ Grade _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Email address _____



Father's Name _____ Employer _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Employer _____

Work Phone _____ Cell Phone _____

Medical Information:

Doctor's Name _____ Phone _____

Insurance Company _____ Policy No. _____

Any Special Needs/Medications: _____



Please list the names and phone numbers of any other adults who will be permitted to pick up your student from camp. ID must be shown when they arrive.


Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



Plan A (8:00 AM - 11:30 AM) \$65.00 Weekly T Shirt Size

Plan B (8:00 AM - 2:30 PM) \$85.00 Weekly  __YS __YL

Plan C (6:30 AM - 6:00 PM) \$135.00 Weekly __YM __Adult size ____

Parent's Signature _____ Date _____