

Two Left Feet

Kids Camp Registration 2010

217 Market St. W, Gaithersburg, MD 20878

240-632-2345

Child 's NAME _____

Birth Day: ____/____/____ Age: ____ Grade this Fall: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____

Parent #1 or Mom Name: _____

Cell: (____) _____ #1 Email: _____

Parent #2 or Dad Name: _____

Cell: (____) _____ #2 Email: _____

Circle Session:

Session 1: Ages 9 – 12yo

June 21 – July 2 9am – 3pm Fee: \$600 or Pay by Day: \$70

Session 2: Ages 6 – 10yo

Aug 2 – Aug 13 9am – 3pm Fee: \$600 or Pay by Day: \$70

Mini-Kids: Tuesdays June 29 – August 3 9am – 12noon

&/or: Thursdays July 1 - August 5 9am – 12noon

Fee: 1x per week \$180 or 2x per week \$360 Pay by Day: \$35

**All registrations includes a morning snack and art & craft activities. Full day camp includes lunch.*

Camper Health Information:

Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's camp experience is positive: _____

Emergency Information

When a parent cannot be reached, please list alternate emergency contact.

Name _____ Relation _____

Cell _____

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes our staff at the camp facility to have your child transported to the hospital.

Parent or Legal Guardian: _____ Date: _____