

WEEKDAY SCHOOL SUMMER CAMP REGISTRATION FORM

(Please fill out a new registration form for each camp. Additional registration forms will be located outside of the office.)

Name of Child _____

Camp Session (circle one) 1 2 3 4

Name of Camp:

First Choice _____

Second Choice _____

Third Choice _____

Age of Child _____

Child's Current School _____

Parents' Names _____

Email _____

Cell Phone _____

Allergies _____

Please attach a check made out to WMWDS for \$140 for the first session and \$160 for the other sessions. Half of the camp fee will be refunded if a cancellation is made by April 10.

