



SonShine Day Camp

Registration and Personal Information

Child's Name: _____

Age: _____

Birth Date: _____

Parent/Guardian Names: _____

Address: _____

City & Zip Code _____

Home Phone # (_____) _____

Mom's: Work # (_____) _____ Cell # (_____) _____

Dad's: Work # (_____) _____ Cell # (_____) _____

____ Half Day (9 am - 12 pm) ____ Full Day (9 am - 3 pm)
____ Extended hours: ____ am - ____ pm

Circle all that apply: Mon, Tues, Wed, Thurs, Fri

Weeks attending (circle all that apply):

June 28

July 6

July 12

July 19

July 26

August 2

August 9

August 16

August 23

Allergies: _____

Any Special Needs: _____

(For office use only.)

\$25 (non-refundable) Registration Fee Paid _____

Date received: _____

Received by: _____