



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 # (_____) _____

Hours of Care Needed: 9:00am – 3:00pm / extended hours: ___am - ___pm

Allergies: _____

Any Special Needs: _____

Weeks attending (circle all that apply):

June 29

July 6

July 13

July 20

July 27

August 3

August 10

August 17

(For office use only.)

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

Date received: _____

Received by: _____