



# Summer Camp Registration Form

## CHILD'S FAMILY INFORMATION

Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Child's Address \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_ Mother's/ Guardians Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Mother's E-mail Address: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## REQUESTED DAYS OF ATTENDANCE

Days: M T W TH F Hours: \_\_\_\_\_ AM \_\_\_\_\_ PM  
Requested Start Date: \_\_\_\_\_

## **HOW DID YOU HEAR ABOUT *STAGE RIGHT*?**

Referral/ If so, who? \_\_\_\_\_  
Walk-in \_\_\_\_\_ Telephone Directory \_\_\_\_\_ Other \_\_\_\_\_

**TO HOLD YOUR CHILD'S PLACE WITHIN THE PROGRAM  
INCLUDE THE NON-REFUNDABLE \$50 REGISTRATION FEE WITH THIS FORM.**