



SUMMER CAMP

IT TAKES A VILLAGE ACADEMY

REGISTRATION FORM

Date: _____

Name Of Parent: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

Email: _____

Child's Name: _____ Birthday: ____/____/____

Child's Name: _____ Birthday: ____/____/____

Child's Name: _____ Birthday: ____/____/____

Approximate Times: AM Drop Off _____ Pm Pick up _____

Days of attendance (Please Circle): M T W TH F

STAFF USE After Tour:

Allergies? Yes/No. If Yes (please explain) _____

Milk Sensitivity? Yes/No Explain: _____

Food Preferences: _____

Medical condition? Yes/No Explain: _____

Start Date: _____

STAFF USE:

Registration Fee (\$75/per child, \$50 each additional child): Date Paid ____/____/____

Check# _____ Cash _____ Zelle _____ Money order _____