

SANFORD DAY CAMP 2012 EXTENDED DAY CARE REGISTRATION

SANFORD

NORTH WILMINGTON

CAMPUS

ST. MARY MAGDALEN

Includes Transportation To Camp

CAMPER'S NAME _____ FEMALE _____ MALE _____

BILLING NAME _____ SANFORD EMPLOYEE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____

MOTHER WORK # _____ MOTHER CELL # _____

FATHER WORK # _____ FATHER CELL # _____

EMAIL ADDRESS _____

ALTERNATE CONTACT PHONE # _____

CAMPER BIRTHDATE _____ AGE: YEARS _____ MONTHS _____
(In Years and Months as of July 1st)

School _____ GRADE _____ (As of Next September)

No. Years _____

(Including This Session Attending Our Day Camp)

Camp Attended Last Year _____

Check Program Attending	Check One	Indicate Approximate Arrival & Departure Times	Indicate Number of Weeks
_____ Day Camp	A.M. & P.M.	_____ A.M.	2 3 4 5 6 7 8 9 10
_____ Summer School	A.M. only	_____ P.M.	Circle Dates Of Attendance
	P.M. only		6/18 6/25
			7/2 7/9 7/16 7/23
			7/30 8/6 8/13 8/20