



SIPDS Summer Camp Registration

(Please complete and return to the Day School office with payment)

Applicant's Name:

First Middle Last Preferred Name

Telephone: _____ Date of Birth: _____

Gender: _____ Male _____ Female

Session 1 _____ (May 31st – June 2nd)

Session 2 _____ (June 7th – June 9th)

Parent / Guardian Information

Father's Name: _____

Mother's Name _____

Telephone: _____

Telephone: _____

Emergency / Dismissal Information

Please list two people who will assume temporary care of your child if you can't be reached.

1. _____ Phone number: _____

2. _____ Phone number: _____

Does your child have any allergies? Yes _____ No _____

If yes, please explain: _____

Does your child have any dietary restrictions? Yes _____ No _____

If yes, please explain: _____

Is your child potty trained? Yes _____ No _____

