

SUMMER CAMP

Camper Enrollment Request Form



I heard about GW Summer Camp through:

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Student Info

First Name		Last Name	
Age		Birthdate	/ /
First Name		Last Name	
Age		Birthdate	/ /
First Name		Last Name	
Age		Birthdate	/ /
First Name		Last Name	
Age		Birthdate	/ /

GW Member

Yes	Account #	
No		

Contact Info

Address			
City		Zip	
Home Tel#		Work Tel#	
Email			

Mother's Info

Name		Cell #	
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Father's Info

Name		Cell #	
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Does your child have any allergies or other medical issues?

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Emergency Contact Info

Name	
Relationship	
Phone #	

Individuals allowed to pick-up

Name	
Relationship	
Name	
Relationship	

By signing below I understand that NO part of the camp will be refunded or rescheduled. I am committed to the dates selected on this form.

Signature	
Print	
Date	

Mark x" for choices

Camper 1 Name _____

SUMMER CAMP
Camper Enrollment Request Form

Week	Date	Full Day	Morning Only	Afternoon Only	Early Care	After Care	Will Be Late? Other Notes
WEEK 1	6/12						
	6/13						
	6/14						
	6/15						
	6/16						
WEEK 2	6/19						
	6/20						
	6/21						
	6/22						
	6/23						
WEEK 3	6/26						
	6/27						
	6/28						
	6/29						
	6/30						
WEEK 4 (4 DAYS)	7/3						
	7/4	HOLIDAY - NO CAMP					
	7/5						
	7/6						
	7/7						
WEEK 5	7/10						
	7/11						
	7/12						
	7/13						
	7/14						
WEEK 6	7/17						
	7/18						
	7/19						
	7/20						
	7/21						
WEEK 7	7/24						
	7/25						
	7/26						
	7/27						
	7/28						
WEEK 8	7/31						
	8/1						
	8/2						
	8/3						
	8/4						
WEEK 9	8/7						
	8/8						
	8/9						
	8/10						
	8/11						
WEEK 10 (3 DAYS)	8/14						
	8/15						
	8/16						

Mark x" for choices

Camper 2 Name _____

SUMMER CAMP Camper Enrollment Request Form

Week	Date	Full Day	Morning Only	Afternoon Only	Early Care	After Care	Will Be Late? Other Notes
WEEK 1	6/12						
	6/13						
	6/14						
	6/15						
	6/16						
WEEK 2	6/19						
	6/20						
	6/21						
	6/22						
	6/23						
WEEK 3	6/26						
	6/27						
	6/28						
	6/29						
	6/30						
WEEK 4 (4 DAYS)	7/3						
	7/4	HOLIDAY - NO CAMP					
	7/5						
	7/6						
	7/7						
WEEK 5	7/10						
	7/11						
	7/12						
	7/13						
	7/14						
WEEK 6	7/17						
	7/18						
	7/19						
	7/20						
	7/21						
WEEK 7	7/24						
	7/25						
	7/26						
	7/27						
	7/28						
WEEK 8	7/31						
	8/1						
	8/2						
	8/3						
	8/4						
WEEK 9	8/7						
	8/8						
	8/9						
	8/10						
	8/11						
WEEK 10 (3 DAYS)	8/14						
	8/15						
	8/16						

Mark x" for choices

Camper 3 Name _____

SUMMER CAMP Camper Enrollment Request Form

Week	Date	Full Day	Morning Only	Afternoon Only	Early Care	After Care	Will Be Late? Other Notes
WEEK 1	6/12						
	6/13						
	6/14						
	6/15						
	6/16						
WEEK 2	6/19						
	6/20						
	6/21						
	6/22						
	6/23						
WEEK 3	6/26						
	6/27						
	6/28						
	6/29						
	6/30						
WEEK 4 (4 DAYS)	7/3						
	7/4	HOLIDAY - NO CAMP					
	7/5						
	7/6						
	7/7						
WEEK 5	7/10						
	7/11						
	7/12						
	7/13						
	7/14						
WEEK 6	7/17						
	7/18						
	7/19						
	7/20						
	7/21						
WEEK 7	7/24						
	7/25						
	7/26						
	7/27						
	7/28						
WEEK 8	7/31						
	8/1						
	8/2						
	8/3						
	8/4						
WEEK 9	8/7						
	8/8						
	8/9						
	8/10						
	8/11						
WEEK 10 (3 DAYS)	8/14						
	8/15						
	8/16						