



SUMMER CAMP REGISTRATION

Child's Name: _____ Known as: _____

Sex: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Address: _____

Name of Mother: _____ Occupation: _____

Employer: _____ Work Phone: _____

Business Address: _____

Pager: _____ Cell Phone: _____

Name of Father: _____ Occupation: _____

Employer: _____ Work Phone: _____

Business Address: _____

Pager: _____ Cell Phone: _____

Name of Child's Physician: _____ Phone: _____

Emergency Contact Persons

1. Name: _____ Home Phone: _____ Work Phone: _____

2. Name: _____ Home Phone: _____ Work Phone: _____

3. Name: _____ Home Phone: _____ Work Phone: _____

Person's authorized to pick up Child

1. _____

3. _____

2. _____

4. _____



Kids Habitat II, 5138 Thunderhill Road, Columbia, Maryland 21045
www.kidshabitatii.com

By signing below you agree to enroll your child for a minimum of three weeks. Please indicate what weeks and how many days your child will attend for each week.

Week 1. _____	Week 6. _____
Week 2. _____	Week 7. _____
Week 3. _____	Week 8. _____
Week 4. _____	Week 9. _____
Week 5. _____	Week 10. _____

Please indicate your child's T-Shirt Size

Small: _____

Medium: _____

Large: _____

Parent Signature: _____ Date: _____

***Campers will swim three days a week. If your child does not have a Columbia association pool pass, you must pay the required group swim fee. This fee can be paid in one lump sum or by the week.**