

# Math Discovery Camp

## Registration Information Sheet

Camp Dates: \_\_\_\_\_

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Allergies? \_\_\_\_\_

Special Needs? \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Will this person pick up your child? Y/N

Emergency Contact #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Will this person pick up your child? Y/N

Does anyone one else have permission to pick up your child? \_\_\_\_\_

### Family Doctor Infomation

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete this form and return it to a camp administrator by the start date.  
If you need to share additional info with us, please use the back side of the form.