

# FPP SUMMER CAMP

## STUDENT INFORMATION

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

Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Restrictions \_\_\_\_\_

Contact Information/ Emergency Contact:

Name & Relationship

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Please Circle Dates Attending:

Week One: May 28 - May 31

Week Two: June 3 - June 7

Week Three: June 10 - June 14

Week Four: June 17 - June 21

Week Five: June 24 - June 28

I agree to pay the deposit (\$50 for each week) to hold my spot and will pay the remaining balance (\$100 each week) on Day One of Camp each week.

Parent/Guardian Signature

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