

SUMMER CAMP ENROLLMENT FORM
FIRST PRESBYTERIAN CHURCH First 5 Years

2415 W. Clinton Parkway, Lawrence, KS 66047 785-842-8291

Please check the week(s) you would like to attend: ___ June 5-9 ___ June 12-16 ___ June 19-23 ___ June 26-30

Child's
 Name: _____ Preferred Name: _____
 First Middle Last

Home Address: _____ Home phone: _____
 Street City Zip

Birthday: _____ Age (as of June 1 of current year): _____ Gender: _____

Mother's
 Name: _____
 First MI Maiden Last

Home Address: _____ Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Father's
 Name: _____
 First MI Last

Home Address: _____ Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Day Care Provider: _____ Phone: _____

Email contact information: _____

Local person, other than parent, who may be called in an emergency:

_____	_____
Name	Phone

Preschool Family: _____ New student/family _____ How did you hear about our camp? _____

Office Use Only:

Full Payment of: _____ Check #/Rcpt # _____

SPACE IS LIMITED!
Deadline: May 5, 2017