Christ Classical Academy *of* Charlotte

SUMMER CAMP REGISTRATION FORM

Camper's Name: _____/_____/_____
Last Name First Nick Name

Address: _____City: _____ Zip: _____

Birth Date: _____Age: _____Current Grade: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Mother's Phone No: _____ Father's Phone No: _____

Employer: _____ Father's Employer: _____

Mother's E-Mail _____ Father's E-Mail: _____

Emergency Medical Information:

Physician's Name: _____Phone No:_____

Hospital Preference: _____Insurance Co and No: _____

Are there any special medical conditions or other information of which we should be aware of?

List any allergies, activity restrictions. _____Date of Last Tetanus: _____

Contacts allowed to pick child up from camp (not including parents):

Name: _____Phone No: _____

Name: _____Phone No: _____

Camp Registration: (one time $50.00 Registration Fee for 2022 Summer Camps)

3D Design Camp _____ Welcome to the Arts _____Karate_____ Bricks 4 Kidz _____

For office use only
Registration Paid_____Check No: _____Cash: _____Date Rec'd_____