## 2024 SUMMER CAMP/SUMMER PRESCHOOL REGISTRATION

THE CHILDREN'S HOUSE - WWW.TCHINDY.ORG



Child's Name Male Female									Female	
Age Birth Date			Allergies							
Address								Zip		
Mother/Guardian's Name			Email							
Business Name		Business Address								
Phone#		Cell#				Work#				
Father/Guardian's N	Email									
Business Name	Business Address									
Phone#	Cell#			Work#						
Emergency Contact Email										
Phone#	Cell#				Work#					
Doctor				Phone						
Session I Session II Pay in full - \$215 per week \$265 per week with extended day. Pay for all selected weeks by April 9 and save \$10. \$10 to 6/14										
Mother/Guardian Signature						[	Date			
Father/Guardian Signature							1	Date		