

Summer Stage Registration 2019

Student's name _____ Student's age _____

Address _____ School _____

Parent/guardian name _____ Relationship _____

Email _____ Phone _____

Method of payment _____ Amount received _____ Date _____

Please list any current conditions which may affect the child during camp, and the response you would like staff to provide in each instance:

Please make sure that a working cell or home phone number has been provided where an adult can be reached during camp hours. Camp will finish at 12:00 noon each day; campers appreciate being picked up promptly.

List the name of any other person who may pick the child up from camp:

Thank you!

Email any questions to:

Contact@secondstageamherst.org