

2017 Summer Camp at the Westside Co-op!

Name of Child who will attend camp: _____

Please note that each child needs to have his/her own registration form. If you have two children attending summer camp then you need to fill out two registration forms, one registration form for each child. You do not need separate checks.

Does your child have any allergies or restrictions? _____

What is the age of your child: _____ Date of Birth: _____

Are any of your children enrolled at Westside Co-op for the 2016/17 or the 2017/18 academic year? Yes No

If yes, what is the name of the child who is currently enrolled at Westside Co-op? _____

If not, please indicate which co-op(s) your children attend or have attended: WCP ECP LCP SICP

Parent's Name(s): _____

Mailing Address (include zip): _____

Email Address: _____ Preferred phone: _____

Emergency Contact: _____ Phone: _____

Child's Medical Provider: _____ Phone: _____

Medical Provider's Address: _____

Medical Insurance Provider: _____ Medical Insurance Number: _____

If I am unavailable in the event of a medical emergency, I give my permission for the supervisory personnel of WCP to use their judgment in arranging for this child to be treated.

Signed: _____ Relationship: _____ Date: _____

Please circle or highlight the days that you want this child to attend WCP's summer program.

	Monday	Tuesday	Wednesday	Thursday
Week 1	July 3	NO CAMP - HAPPY 4TH!	July 5	July 6
Week 2	July 10	July 11	July 12	July 13
Week 3	July 17	July 18	July 19	July 20
Week 4	July 24	July 25	July 26	July 27
Week 5	July 31	August 1	August 2	August 3
Week 6	August 7	August 8	August 9	August 10
Week 7	August 14	August 15	August 16	August 17
Week 8	August 21	August 22	August 23	August 24
Week 9	August 28	August 29	August 30	August 31

Number of days selected _____ x \$25/day = \$ _____ (total amount enclosed)

Please note that spots are not guaranteed until confirmed by the summer camp coordinator.

Please make checks payable to WCP.

Mail this registration form and check to: Stephanie Krier, 5465 Trosper Lake St SW, Tumwater, WA 98512.

If you have questions please refer to the Summer Camp page of Westside Coop's webpage: www.westsidecooperative.com.

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Check # _____ Check Amount _____ 50% PIF Date Postmarked _____

Check # _____ Check Amount _____ PIF