

**WCPC Mother’s Day Out Summer Camp**

**Enrollment Form**

Child’s Name \_\_\_Click or tap here to enter text.\_

Child’s Date of Birth \_\_\_Click or tap here to enter text.\_\_

Street Address \_\_\_Click or tap here to enter text.\_\_

City \_\_\_\_\_Click or tap here to enter text.\_ Zip \_Click or tap here to enter text.\_

Parent’s Name \_\_\_Click or tap here to enter text.\_\_\_

Home Phone Number \_\_\_Click or tap here to enter text.\_\_\_

Mom’s Cell Number \_\_\_\_Click or tap here to enter text.\_\_\_

Dad’s Cell Number \_\_\_Click or tap here to enter text.\_\_\_\_

Doctor’s Name \_\_\_Click or tap here to enter text.\_\_ Phone \_Click or tap here to enter text.\_\_

Allergies or Special Needs \_\_Click or tap here to enter text.

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Parent/Legal Guardian Signature Date

*Woodlawn Chapel Presbyterian Church 2019-MDO Summer Camp Registration*