

# Summer Camp Enrollment

NAME OF CHILD

PARENT(S) NAMES

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PHONE NUMBERS

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HOME ADDRESS

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PLEASE CIRCLE EITHER 3 DAYS/WEEK OR THE FULL 5 DAYS/WEEK

Monday      Tuesday      Wednesday      Thursday      Friday

WILL YOUR CHILD NEED AFTERCARE?      YES      NO

PICKUP: The following people are authorized to pick up my child:

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EMERGENCY CONTACT INFO:

Name

Phone

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ALLERGIES: Does your child have any allergies?      YES      NO

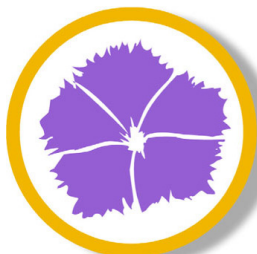
If yes, please indicate:

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WHAT IS YOUR FAVORITE ATTRIBUTE ABOUT YOUR CHILD?

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For more information please email Sylvia at [morningmeadow9@msn.com](mailto:morningmeadow9@msn.com)



## Morning Meadow

PRESCHOOL & KINDERGARTEN

A RECOGNIZED WALDORF EARLY CHILDHOOD PROGRAM

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