

Summer Camp Enrollment

NAME OF CHILD

PARENT(S) NAMES

PHONE

EMAIL

HOME ADDRESS

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:

EMERGENCY CONTACT INFO:

Name

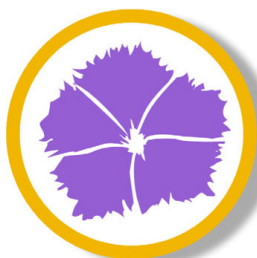
Phone

WHAT WILL YOUR CHILD'S AGE BE THIS SUMMER? _____

ALLERGIES: Does your child have any allergies? YES NO

If yes, please give details:

For more information please email Sylvia at morningmeadow9@gmail.com



Morning Meadow

PRESCHOOL & KINDERGARTEN

A RECOGNIZED WALDORF EARLY CHILDHOOD PROGRAM

813 NW 6TH STREET, GAINESVILLE, FLORIDA

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