

Spanish With Sarah

2204 NE Birch St., Camas, WA 98607

360-990-1585

www.spanishwithsarah.com

PRESCHOOL-
FIFTH GRADE



Application for Summer Camp

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____ Cell Phone _____ Email Address _____
 Parent/Guardian 2 _____ Cell Phone _____ Email Address _____
 Address _____ City _____ Zip _____

☐ I have provided additional custodial and contact information on the back of this page.

CAMPER INFORMATION

Name _____ Age _____ Male/Female

First Middle Last

Date of Birth ____/____/____

☐ June 27– July 1 Camp 1

☐ July 25– July 29 Camp 2

☐ August 1-5 Camp 3

Name _____ Age _____ Male/Female

First Middle Last

Date of Birth ____/____/____

☐ June 27– July 1 Camp 1

☐ July 25– July 29 Camp 2

☐ August 1-5 Camp 3

Name _____ Age _____ Male/Female

First Middle Last

Date of Birth ____/____/____

☐ June 27– July 1 Camp 1

☐ July 25– July 29 Camp 2

☐ August 1-5 Camp 3

School my child is currently attending: _____

Previous language experience: _____

Goals for summer camp: _____

☐ Special needs, concerns or gifts of my child(ren) _____

☐ Allergies _____

☐ Persons with permission to pick-up my child(ren) _____

☐ Emergency Contact Information _____

Parent/Guardian Signature(s) _____ Date _____

_____ Date _____

(Registration fee summer camp is \$75. Registration fee is due upon registration to secure your registration. Remaining \$60 is due on the first day of camp.

AMOUNT PAID _____