LITTLE ROOTS	Summer Camp Registration
CAMPER INFORMATION:	
Camper Name Allergies	Age Sex
Conditions requiring special consideration (medical/physical):	
PARENT/GUARDIAN INFORMATION:	
Parent/Guardian Name:	
Address: Phone #:	Emergency Phone #:
Email Address Preferred way to contact	
First Emergency Contact	
Phone #	Relationship to student:
Second Emergency Contact	
Phone #:	Relationship to student:
TO ANY DOCTOR OR HOSPITAL:	
give permission to the staff of the Little Root	medical Information to the appropriate professional appropriate staff. I ts Preschool to make a decision on my behalf. The signature below ng any necessary treatment for my child during their time under Little
PLEASE SIGN	DATE

Summer Camp Registration

Please check the box for which camp(s) you're registering for.

