

CAMP CORE 2021 REGISTRATION FORM

Student Name: _____ Age: _____

Parent Name: _____

Parent Phone: _____

Student Allergies? _____

Student Medications during day? _____

(list medication and dosage and hand medication to a teacher on first day)

My child will attend these weeks:

June 7-11

June 14-18

June 21-25

June 28-July 2

July 5-9

July 12-16

July 19-23

Payment: CASH or CHECK (Number: _____)

Please submit payment on or before the first day of camp, along with the registration form (can also email the registration form).

Please send the completed form to:
corecommunityschool@thecoreschool.org