



Sharing, Caring,
Learning Together...

GOLDILOCKS
CHILDREN LEARNING CENTER

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Summer Camp Registration Form

Camper Information

Child's name: _____ Male _____ Female _____

Age _____ Date of Birth _____ Allergies _____

Sibling's name: _____ Male _____ Female _____

Age _____ Date of Birth _____ Allergies _____

Family and Emergency Contact Information

Parent/Guardian Names: _____ Relation: _____

Home Address: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Work Number: _____ Work Number: _____

Email address: _____ Email address: _____

Name and telephone number of friends or relatives who may be notified in the event of an emergency when parents/guardians cannot be reached.

Name: _____ Phone Number: _____ Relation _____

Name: _____ Phone Number: _____ Relation _____

Summer Camp Program

Please select session(s) child will attend:

Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____