

Stone's Throw Theater Summer Camp Registration Form

Name of Camper _____ Nickname _____

Contact Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent's Cell Phone _____

Email Address _____

Age of Camper _____ Last Grade Completed _____

What school does camper attend? _____

Does Camper have any allergies? If so, please list. _____

Will the camper need to take any medication during the hours of the camp? _____

Emergency Contact: Name _____ Phone _____

Please list the name of the person who will be picking up and dropping off daily.

We know that sometimes life happens, however the safety of your child is of our utmost importance. If there is to be a new person to pick up your child from camp, we will need to be alerted as soon as possible. Please note that a driver's license or government issued ID will need to be presented when picking up your child.

Please initial here if you have read the Pick-up policy. _____

Parent Signature _____

Parent's Name Printed _____

Please send payment to: Stone's Throw Theater Summer Art Camp 2180 Village West Dr S, Lapeer, MI 48446