

Kinder Camp
Morgan Local Schools
Registration 2019-2020

Student's Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Emergency Contact *other than parent or guardian if applicable:*

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Medical Information:

Any allergies/ medical condition we need to be aware of to ensure the health and safety of your child?

No _____ Yes _____

If you answered yes please explain: _____

Photo Release: I give permission for photos of my child to be used in newspapers and school district publications (social media).

_____ Yes _____ No

Signature of Parent/Guardian

Date

KINDER CAMP REGISTRATION

I would like to enroll my child in the three-day Kinder Camp to be held at my local elementary school, August 13 – 15, 2019.

Student Name: _____

Elementary School attending: **EAST** **SOUTH** **WEST**

Session you would like to attend:

___ AM (9:00 – 11:30)

___ PM (12:00 – 2:30)

___ either session time will work

****Please complete contact and medical information on the reverse side.**