



Ashland Summer Day Camp Registration Form

(One Card per Child)



Name of Child: _____ DOB: _____ Age: _____ Sex: M / F

Grade entering in the fall: _____ Shirt Size: (please circle one) YXS YS YM YL YXL OR Adult S M L

Mailing Address: _____ Town: _____ Zip: _____

Emergency Information

\$50 Deposit is due with form.

Legal Guardian's Name: _____ Day Phone: _____ E-mail _____

Mother's Name: _____ Cell /Home / Work: _____ / _____ / _____

Father's Name: _____ Cell /Home /Work: _____ / _____ / _____

Doctor's Name: _____ Phone: _____ Hospital: _____

If unable to reach parents, please contact: _____ Phone: _____

Medications: _____

Allergies (include food): _____

Any other information that may help us better meet your child's needs:

(Please Circle by Sessions or Weeks)

Session #1



Wk #1 June 22- June 26 Wk #2 June 29- July 3

Session #2



Wk #3 July 6 -July 10 Wk #4 July 13-July 17

Session #3



Wk #5 July 20-July 24 Wk #6 July 27 – Aug. 31

Session #4



Wk #7 Aug 3-Aug 7 Wk #8 Aug 10-14