

American Heritage Summer Day Camp Extended Day Care

PIN _____

Per Session _____ Per Day _____

Camper's Name _____ Sess. I ___ Sess. II ___ Sess. III ___ Cabin # _____

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Camper's Name _____ Sess. I ___ Sess. II ___ Sess. III ___ Cabin # _____

Camper's Name _____ Sess. I ___ Sess. II ___ Sess. III ___ Cabin # _____

Parent/Guardian Name _____ Cell # _____ Work # _____

Parent/Guardian Name _____ Cell # _____ Work # _____

Camper's Home Address _____ Home # _____

Emergency Contact Person (Not Parents)

Name _____ Relation to Camper _____ Phone # _____

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