



Summer Program 2018

Childs Name(s):

1. _____ **Grade (Fall of 2018):** _____

2. _____ **Grade (Fall of 2018):** _____

3. _____ **Grade (Fall of 2018):** _____

4. _____ **Grade (Fall of 2018):** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Parent/Guardian Name: _____

Phone: _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone: _____

I acknowledge that I have already filled out a Tree Street registration form and the above is my current information

YES, my child will participate in the 2018 Tree Street Youth Summer Camp Program

Parent Signature _____ Date _____

**This form is for registered youth and families