

Mound Ridge Camp and Retreat Center

2010 Day CAMP ENROLLMENT FORM

Camper information

Camper's name: _____
Last First

Gender: _____ Grade Completing (K-6th): _____ (June 2010)

Camper's Birth Date: ____/____/____ Age in June: _____

Home Phone: (____) _____

Street: _____

City: _____ State: _____ Zip: _____

Camper's Email Address; _____ (____) No E-mail

“Shuttle Please” -A Shuttle is available from Steelville Community Day Care at no additional cost!!

If living in the Cuba Area please call for pick-up arrangements

Parent/Guardian Information

Camper lives with: ___Mother ___Father ___Both ___Other Relationship to camper _____

Mother's/Guardian's Name: _____

Daytime Phone :(____) _____ Type

Nighttime Phone: (____) _____ Type

Father's/Guardian's Name: _____

Daytime Phone :(____) _____ Type

Nighttime Phone: (____) _____ Type

Emergency Contact *(person other than listed above, in case we can't reach you)*

Name: _____

Relationship to camper: _____

Daytime Phone :(____) _____ Type

Nighttime Phone: (____) _____ Type

General Information

___ Camper has a dietary restriction: _____

Does camper have a copy of immunization records? ___Yes ___No

A copy will need to be presented first day of Day Camp.

Parent/Guardian Signature

Attend Day Camp for the Day---\$10.00 per day per person

Attend Day Camp for the Week ---\$50.00 per week per person

Attend Day Camp for all 4 Weeks ---\$200.00
[(Mon-Fri.) July 5-July 30]

Please call for pricing of multiple children (in the same family) attending multiple days or weeks.

Questions? Please Contact:
Heather Silva, Registrar
573-265-3098

www.moundridge.org