



BOYS & GIRLS CLUB
OF WINNEMUCCA

SUMMER DAY CAMP REGISTRATION FORM

Child Information					
First Name			Last Name		
Address					
	Street		City	State	Zip Code
Home Phone		Email Address			Age
Birth Date	____/____/____	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade Next Year
Ethnicity	Native Hawaiian/ Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>				

Guardian Information					
First Name			Last Name		
Address					
	Street		City	State	Zip Code
Home Phone		Work Phone			Employer
Cell Phone		Relationship to Child			Legal Guardian Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address					

Guardian Information					
First Name			Last Name		
Address					
	Street		City	State	Zip Code
Home Phone		Work Phone			Employer
Cell Phone		Relationship to Child			Legal Guardian Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address					

Emergency Contact Information					
First Name			Last Name		
Address					
	Street		City	State	Zip Code
Home Phone		Work Phone			Employer
Cell Phone		Relationship to Child			Legal Guardian Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address					



The following people will be allowed to pick up your child, with proper I.D.

Child Release Permission List			
Name		Phone	
Name		Phone	
Name		Phone	
Name		Phone	
Name		Phone	

Payment					
Cash		Check #		Employee Initials	

Parent / Guardian Signature

Date: ____/____/____