

WOW Camp by The Whole Child Learning Company

Return with a check made payable to "WCLC" and leave at the front office

Child's Name _____ Grade _____ Room _____ Birthday: _____

Parent's Name(s) _____

Daytime Phone _____ Secondary Phone _____

E-mail _____

Home Address _____

City _____ State _____ Zip _____

Camp Week(s): _____

After camp my child will be picked up by _____

Does your child have any allergies/health concerns we should be aware of?

Parent Signature _____

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