

Camp Kindergarten Enrollment Form

Child's Name _____

Parent's Name _____

Phone Number _____

Child's Birthday _____

Who has your permission to pick your child from school?

Does your child have any allergies? _____ If so please list them below:

Is there anything you would like me to know about your child?

Please return this form with a \$25.00 nonrefundable fee to:

Karen Robison

1607 Carriage Dr

Valparaiso IN 46383