

STARCHILD CAMPS
AFTERSCHOOL REGISTRATION FORM 2019/2020
PS 131 ABIGAIL ADAMS SCHOOL

CHILD'S NAME _____

GRADE _____ CLASS _____ BIRTHDATE _____

ADDRESS _____

PARENT'S (GUARDIAN) NAME _____

PARENT PHONE NUMBER _____

PARENT EMAIL _____

SECOND PARENT (GUARDIAN) NAME _____

SECOND PARENT (GUARDIAN) PHONE NUMBER _____

SECOND PARENT EMAIL _____

EMERGENCY CONTACT _____

ALLERGIES _____

PHYSICIAN _____ NUMBER _____

WEEKLY REGISTRATION []

\$75 per week

DAILY REGISTRATION []

\$20 per day