



2024 Gateway Summer Camp Registration

Child's Name	Date of Birth	Age	Grade Entering 2024/2025

Family Information

Parent/Guardian's Name:	Address	Phone Number/Email
		Cell:
		Work:
		Email:
Parent/Guardian's Name:	Address	Phone Number/Email
		Cell:
		Work:
		Email:

Allergy or Medical Conditions:

*

Please Initial:

_____ I give permission for staff to apply or distribute sunscreen to my child.

_____ I understand that my child's photo may be taken during camp to be used for promotional purposes and camp related items.

_____ I give my child permission to watch G rated and/or PG rated movies. All movies will be under the supervision of qualified staff.

_____ I give my child permission to attend any walking field trips while attending Gateway Summer Camp. Prior notice will be given regarding specifics.