



Jamie Dodge – SC Principal & Jennifer Gawinski – Admin. Assistant
2025 Camp Macks Registration Form

Child’s Full Name: _____ D.O.B.: _____ 2025-26 Grade: _____

School Name: _____ Circle: YOUTH or ADULT - T-shirt Size (xs-xxl): _____

Child’s Full Name: _____ D.O.B.: _____ 2025-26 Grade: _____

School Name: _____ Circle: YOUTH or ADULT - T-shirt Size (xs-xxl): _____

Child’s Full Name: _____ D.O.B.: _____ 2025-26 Grade: _____

School Name: _____ Circle: YOUTH or ADULT - T-shirt Size (xs-xxl): _____

Children(s) Home Address: _____

Will your family be purchasing a pool pass? (Check the appropriate box below)

Will provide a pool pass

Will provide money on pool days.

Start Date Here: _____	5 days a week	4 days a week	3 days a week
Days & Times need for care. Example: M, T & Th - 7:30-4:30			

Parent Information:

Parent/Guardian Name: _____ Parent D.O.B: _____

Home Address: _____

Place of Employment: _____ Work Phone: _____ Ext. _____

Cell or Home Phone: _____ Email address: _____

Parent/Guardian Name: _____ Parent D.O.B: _____

Home Address: _____

Place of Employment: _____ Work Phone: _____ Ext. _____

Cell or Home Phone: _____ Email address: _____

Emergency Contact:

Name: _____ BEST Phone #: _____ Relationship to child: _____

Parent/Guardian Print Name	Parent/Guardian Signature	Date
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