



IT'S SHOWTIME!
Summer Camp – June 16-27, 2008
Registration Form

Please return this form to Mrs. Jodie Rivera
c/o Westminster Christian School
6855 SW 152nd Street
Palmetto Bay, FL 33157

Child's Name _____ Date _____

Age _____ Child's School _____

Parent Name _____ Email _____

Daytime/Emergency Phone(s)

Home Address _____ Zip Code _____

Check Number _____
(Make check for \$425 payable to WCS)

Please list any allergies your child has or any medication she/he needs to take during the day.

Allergies/Medication _____

Parent Signature _____

I hereby allow my child to attend Westminster's IT'S SHOWTIME! Summer Camp.

