

**Registration Form: Warsaw Community Schools Summer Enrichment Camps 2017**

Name of Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Parent name: \_\_\_\_\_

**Emergency contact: (required)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical condition or allergy? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

(A nurse will be on staff during each summer camp session.)

**Camp enrolling in:** \_\_\_\_\_

**Which Week? (circle one or both your child plans to attend): July 10 - 14, July 17 - 21**

**Transportation needed? Yes/No (not sure, at time of registration)**

Pick Up Address:

\_\_\_\_\_  
\_\_\_\_\_

Drop Off Address:

\_\_\_\_\_  
\_\_\_\_\_

**Scholarship requested? Yes/No (Only one scholarship per student available)**

**Submit all applications and money to:**

Edgewood Middle School

Attn: JoElla Smyth, Summer Program Coordinator

900 South Union Street

Warsaw, IN 46580

[jsmyth@warsawschools.org](mailto:jsmyth@warsawschools.org)