



CLAYROOM SUMMER CAMP REGISTRATION FORM

CHILD #1

Child's Name:

Date of birth:

Phone:

Known Allergies:

Address:

City:

State:

ZIP Code:

CHILD #2

Child's Name:

Date of birth:

Phone:

Known Allergies:

PARENT/GUARDIAN CONTACT INFORMATION

Name of Parent or Guardian:

Address:

Phone #1
Phone #2

City:

State:

ZIP Code:

Relationship:

EMERGENCY CONTACT INFORMATION, PLEASE LIST TWO PEOPLE TO REACH IN CASE OF EMERGENCY IF PARENT OR GUARDIAN CANNOT BE REACHED

Name:

Phone#:

Relationship:

Name:

Phone#:

Relationship:

PLEASE CHECK THE WEEK(S) YOU WILL ATTEND

July 8th

August 5th

July 15th

August 12th

July 22rd

August 19th

July 29th

August 26th

In case of an emergency, I give permission for my child to receive medical treatment. My preferred hospital is:

_____.

I give The Clayroom permission to use photos of my child on The Clayroom Facebook and Instagram pages.

I give permission.

I do not give permission.

Signature of parent or guardian:

Date: _____

Payment: To secure your spot, call the Clayroom at the number below with credit card information for full payment or a \$100 non-refundable deposit.

Telephone: 617-566-755. Business hours: 12pm – 10pm daily.