FIND US ON YOUTUBE: AMIGUITOS SUMMER CAMPS 2024 REGISTRATION FORM EASTSIDE



	5101 SE Alder	crest Rd., Milwaukie EIN 93-127		03)-653-4081	
STUDENT NAME:			DOB		
PARENT(S)/GUARDIAN(S) ADDRESS:	NAME(S):				
CITY, ZIP CODE				-	
Email address					
HOME PHONE		MOBILE PHONE			
EMERGENCY CONTACT:			PHON	E	
FOOD ALLERGIES:					
OTHER ALLERGIES:					
If your child requires m	edication, pleas	se complete a Per	mission form	for Prescribed Medi	cation.
REGISTER MY CHIL	D FOR CAMP	(S) INDICATE	BELOW (C	heck box/s)	
∘ 8/5 - 8/9 ∘ 8/12 - 8/16 □	9-1 \$275 9-1 \$275 9-1 \$275 9-1 \$275 9-1 \$275	9-3 \$375 9-3 \$375 9-3 \$375 9-3 \$375 9-3 \$375	3 to 8 year o 3 to 8 year o	ds LA GRANJA ds RECICLAJE	
		shirt included. P			
	X-Small	Small (6-8) TFS	□ M (10-12)	
 NO SIBLING DISC 	COUNT	<mark>n, 50% first day c</mark>	of camp. See		
		nade by June 20 after June 21, t		will be refunded.	HOWEVER, if
 Lunch: children a 	attending 9-1 NO	LUNCH. Children	attending 9-3	bring their own lunch re included in all camp	
				stated in this fo	rm and

• I am attaching cash in the amount of \$_____

DATE _____

SIGNATURE _____