

Redlands Christian School
1145 N. Church St. Redlands, CA 92374
Phone: (909) 793-5172 Fax: (909) 335-9593

Summer Day Camp Registration Form

Monday, June 14, 2010 - Friday, August 6, 2010

(Please complete this form in its entirety and print clearly)

Parent Information

Father/Guardian _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
SSN _____	Driver's License # _____	Date of Birth ____/____/____	
Home Phone # _____	Work Phone # _____	Cell/Pager # _____	
Address: _____			<input type="checkbox"/> Billing Address
Mother/Guardian _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
SSN _____	Driver's License # _____	Date of Birth ____/____/____	
Home Phone # _____	Work Phone # _____	Cell/Pager # _____	
Address: _____			<input type="checkbox"/> Billing Address
(only if different than above)			

Student Information

1.) Student

Name _____

Last Name *First Name* *Middle Name* *AKA*

Grade for 2010-2011 _____ SSN _____ Date of Birth ____/____/____ Female Male
(Please check)

CAN YOUR STUDENT SWIM? Yes No (If no, please send along a life jacket.)

2.) Student

Name _____

Last Name *First Name* *Middle Name* *AKA*

Grade for 2010-2011 _____ SSN _____ Date of Birth ____/____/____ Female Male
(Please check)

CAN YOUR STUDENT SWIM? Yes No (If no, please send along a life jacket.)

3.) Student

Name _____

Last Name *First Name* *Middle Name* *AKA*

Grade for 2010-2011 _____ SSN _____ Date of Birth ____/____/____ Female Male
(Please check)

CAN YOUR STUDENT SWIM? Yes No (If no, please send along a life jacket.)

