

2025 February Vacation Camp Registration Form

Student Name: _____ Age: _____ Current Grade: _____
Address: _____ Zip Code: _____
Parent Phone Number: (work) _____ (cell) _____
Email: _____

Emergency Contacts

Name: _____ Relationship: _____
Phone Number: _____ Authorized Pick Up: YES/NO

Name: _____ Relationship: _____
Phone Number: _____ Authorized Pick Up: YES/NO

Name: _____ Relationship: _____
Phone Number: _____ Authorized Pick Up: YES/NO

There is a \$50 non-refundable deposit due at the time of registration.
Please make checks out to Strong Foundations Charter School

In the case of inclement weather, camp may have a delayed opening or early closure
Please sign below

Is there anything you would like us to know about your child?

