



# PHILOMATH SCHOOL DISTRICT

Please print legibly and return to Clemens Primary.

# REGISTRATION FORM

## STUDENT INFORMATION

Student Name \_\_\_\_\_  
*First Name* \_\_\_\_\_ *MI* \_\_\_\_\_ *Last Name* \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *City, State, Zip Code* \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ (for confirmation/reminders)

## CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## TRANSPORTATION INFORMATION

How will your child arrive to LitCAMP each day? (please check one) \_\_\_\_\_  
*Car* \_\_\_\_\_ *Bus* \_\_\_\_\_ *Walk* \_\_\_\_\_

How will your child be dismissed from LitCAMP each day? (please check one) \_\_\_\_\_  
*Car* \_\_\_\_\_ *Bus* \_\_\_\_\_ *Walk* \_\_\_\_\_

## ATTENDANCE

Please mark the days you anticipate your child will be absent from LitCAMP:

AUGUST 2022						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**LITCAMP DATES:**

**AUGUST 15TH-26TH**

**1:00 PM - 3:30 PM**