

# Dunn Summer Program

First Camper Name \_\_\_\_\_ F M

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade (Prior to Summer '10) \_\_\_\_\_ Current School \_\_\_\_\_

Second Camper Name \_\_\_\_\_ F M

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade (Prior to Summer '10) \_\_\_\_\_ Current School \_\_\_\_\_

Third Camper Name \_\_\_\_\_ F M

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade (Prior to Summer '10) \_\_\_\_\_ Current School \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Health Insurance Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name and Phone \_\_\_\_\_

Allergy/ Special Needs or Concerns \_\_\_\_\_

\*\*\* Bring a Friend Discount: Give Dunn the name of your friend and if they sign up, you receive a \$10 credit on your bill.

\*\*\* Discounts: Day Camp/ Tiny Tyke weeks add together. Deduct a one time \$10 for siblings.

Please complete & mail or fax Ilise Garvin PO Box 98 Los Olivos, CA 93441  
FAX (805) 686-2078 PHONE (805) 688-6471 x 619 E-MAIL [summercamp@dunnschool.org](mailto:summercamp@dunnschool.org)

# Registration Form 2010