Kids on the Move Day Camp

Pre-Registration Form

Camper’s Name: _______________________________________________________

Birthdate: _____________________  Male ___  OR  Female ___

School: _______________________ Grade(2013-2014) ______

Parent/Guardian’s Name(s): ____________________________________________

Mailing Address: ______________________________________________________
  ______________________________________________________
  ______________________________________________________

Phone: ___________________________________________________________________

Email(optional): ___________________________________________________________________

Is an adult interested in assisting at the camp with this child?
  Yes ___  No ___

If yes Please give contact information for this person:
  Name: ______________________________________________________
  Phone: ___________________________________________________________________

Please complete this form for each child that you would like to pre-register.

Return this form to: VCE Patrick County
  P.O. Box 408
  106 Rucker St. Suite 316
  Stuart, VA 24171

In response, a CAMP REGISTRATION PACKET will be mailed with required health forms. Looking forward to seeing your child at Kids on the Move!!!