



2017 TAMARAK DAY CAMP BEFORE and AFTER CAMP REGISTRATION FORM



Date: _____

Camper Name: _____
First Name Last Name

Camper Name: _____
First Name Last Name

Before Camp Care (camper can be dropped off beginning at 7:00 AM)

Camp Weeks attending Before Camp Care (**circle all weeks**): 1 2 3 4 5 6 7 8

Days attending Before Camp Care (**circle all days**): M T W Th F

After Camp Care (camper to be picked up no later than 5:30 PM)

Camp Weeks attending After Camp Care (**circle all weeks**): 1 2 3 4 5 6 7 8

Days attending After Camp Care (**circle all days**): M T W Th F

After Camp Care Pick Up Authorization

The following people are authorized to pick up my child(ren) from the After Camp Care program at Tamarak Day Camp:

Name Phone Number Relationship to child

Name Phone Number Relationship to child

Name Phone Number Relationship to child

Parent Signature: _____ Date: _____

Parent Work #: _____ Parent Cell #: _____



Attach to Tamarak Registration Form

Tamarak Day Camp
23970 N. Elm Road
Lincolnshire, IL 60069
Phone (847) 634-3168 Fax (847) 634-8262

