



GLITZ AND GLOSS GIRLS CONFIDENCE CAMP REGISTRATION FORM

PLEASE CHECK CAMP DATES ATTENDING

SESSION ONE: JUNE 17TH - JUNE 28TH

SESSION TWO: JULY 15TH - JULY 26TH

Child Name: _____ Age: _____

D/O/B: _____ Phone: _____

Address: _____

Parent Email: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Additional Siblings Attending

Name _____ D/O/B _____

Name _____ D/O/B _____

Please list any allergies or medical information we may need to know for each child registered:

Who is permitted to pick up your child: _____

(These are the only people we will release your child to unless written notice is given)

Drop off is 8:00am Monday – Friday. Pickup is 5:00pm. We are offering before camp services 7:00am to 8:00am. The rate is \$10.00 per day. OR late pickup until 6:00pm

Please pack your child a lunch daily. We will also provide snacks and beverages daily.

Please list any special needs or issues that we need to know for your child.

Parent or Guardian Signature: _____ Date: _____

6405 Westgate Road Suite 119 Raleigh, NC 27617 919-224-0978