

SUMMER CAMP REGISTRATION FORM

Ferry Plantation House

4136 Cheswick Lane, Virginia Beach, VA 23455

(757) 473-5182 ferryplantationva.net

Today's

Date _____

CAMP Dates _____

Legal Guardian (1)

Name _____ Relationship to child _____

Phone HOME _____ CELL _____ WORK _____

Legal Guardian (2)

Name _____ Relationship to child _____

Phone HOME _____ CELL _____ WORK _____

Childs Full Name

Date of Birth _____ School Grade (Fall) _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Does your child have any known Allergies?

Special Instructions?

Any Special Needs?

Has your child been to camp before? _____

Camp T-Shirt Size?

Child: X Small _____ Small _____ Medium _____ Large _____ X Large _____

Today's Date _____

MEDICAL INFORMATION

Child's Name _____

Note; If you have no preference as to doctor or dentist, please check here _____

Doctor's Name _____

Doctor's Phone _____

Dentist's Name _____

Dentist's Phone _____

Date _____

Medical Release Signature _____

Camp Photo Release Signature _____

Drop-Off and Pick-Up Information

Name(s) of person(s) allowed to Drop-Off or Pick-Up child from Camp?

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

If your child is to be released to NO ONE OTHER THAN YOU PERSONALLY,

Please note it here _____





Parent Info and Reminders!

Camp Dates _____

History Camp begins at 9:00am and ends at 3:30pm.

Please make arrangements to pick-up your child promptly at 3:30pm.

Any questions please feel free to contact the following:

Ferry House (757) 473-5182

Heather Moore, Director (757) 676-2662 ferryplantationhouse@gmail.com

Payment can be made to Ferry Plantation House (FOFPH) by check or credit,
and is Tax Deductible.

Personal checks must be received 10 days prior to the first day of Camp.

Charges can be made in person or by phone.

➤ Space is limited!

We look forward to hearing from you . . .



Ferry Plantation House

4136 Cheswick Lane, Virginia Beach, VA 23455,

We are a non-profit organization,

therefore your entire payment to us is Tax Deductible.

Please fill out this portion and save it for your taxes.

Date _____ Amount of Donation _____