

DeKalb History Center  
101 East Court Square  
Decatur, GA 30030



## Improve Workshop camp registration

Name of child \_\_\_\_\_

Age of child \_\_\_\_\_

What grade in 2014/15 school year? \_\_\_\_\_

Birth date \_\_\_\_\_

School \_\_\_\_\_

Child's special Interests and abilities:

Name of person registering child \_\_\_\_\_

Is the person registering a parent or legal guardian? Yes No

If no, please explain your relationship to child \_\_\_\_\_

Does your child have any allergies? If so, what are they?  
\_\_\_\_\_  
\_\_\_\_\_

Complete address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Parent's email \_\_\_\_\_

Please circle the dates of the camp you are registering for:

Session 1 (winter break) Feb. 16-20, 2015

Session 2 : July 6-10, 2015

### ADDITIONAL EMERGENCY CONTACTS (parent above is first contacted)

Name	relationship	Phone 1	Phone 2
1. _____	_____	_____	_____

Name	relationship	Phone 1	Phone 2
2. _____	_____	_____	_____

Comments: