



Way to Go Summer Camp

2017 Registration

Grades K-8th

Child Information

Child's Name: _____ Birthdate: _____

School Name: _____ Grade in fall: _____

T-Shirt Size: Circle One: Youth/Adult Circle One: Small/ Medium/ Large

Gender: Male/Female

Doctor's Name and Telephone Number _____

Dentist's Name and Telephone Number: _____

Health Insurance Company: _____ Policy Number: _____

Allergies: _____

Diet Restrictions: _____

Medications: _____

Medical Conditions: _____

Parent/Guardian 1 Information

Parent's Name: _____ Relationship to child: _____

Occupation: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ E-mail Address: _____

Home Address: _____ City: _____

State: _____ ZIP Code _____ Child lives with this Parent? Yes/No

Authorized to Pick Up the Child at Anytime? Yes/No

Parent/Guardian 2 Information

Parent's Name: _____ Relationship to child: _____

Occupation: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ E-mail Address: _____

Home Address: _____ City: _____

State: _____ ZIP Code _____ Child lives with this Parent? Yes/No

Authorized to Pick Up the Child at Anytime? Yes/No

Check the week(s) your child would like to attend Way to Go Summer

- | | |
|----------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Week 1: 6/12-16 | <u>"WELCOME TO WAY TO GO 2017"</u> |
| <input type="checkbox"/> Week 2: 6/19-23 | <u>"MYSTERY MANIA"</u> |
| <input type="checkbox"/> Week 3: 6/26-30 | <u>"PLANET EXPLORATION"</u> |
| <input type="checkbox"/> Week 4: 7/5-7 CLOSED on 7/3-4 | <u>"SUPER HERO'S"</u> |
| <input type="checkbox"/> Week 5: 7/10-14 | <u>"IMAGINEERING TOGETHER"</u> |
| <input type="checkbox"/> Week 6: 7/17-21 | <u>"MOVIE STARS"</u> |
| <input type="checkbox"/> Week 7: 7/24-28 | <u>"EXTREME 'OCR' CHALLENGE"</u> |
| <input type="checkbox"/> Week 8: 7/31-8/4 | <u>"EXPLORE NEW HEIGHTS"</u> |
| <input type="checkbox"/> Week 9: 8/7-11 | <u>"IT'S A WRAP"</u> |

Please return this Registration form along with your check payable to: **Way to Go Foundation, Inc.**
and mail to: 600 E. Weddell Drive, #4, Sunnyvale, CA, 94089
Or turn in to Los Altos Christian School Office

For more information contact:

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