



Way to Go Summer Camp

2018 Registration

Operating at Los Altos Christian School

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

- Week 1: 6/11-15** "WELCOME TO WAY TO GO 2018"
- Week 2: 6/18-22** "SUPER HERO'S"
- Week 3: 6/25-29** "EXPLORING OUR PLANET"
- Week 4: 7/2-6** **CLOSED on 7/4** "CELEBRATE AMERICA"
- Week 5: 7/9-13** "MOVIE STARS"
- Week 6: 7/16-20** "EXTREME 'OCR' CHALLENGE"
- Week 7: 7/23-27** "IMAGINEERING"
- Week 8: 7/30-8/3** "LET'S PLAY WITH FOOD"
- Week 9: 8/6-10** "SPLASH THE SUMMER AWAY"

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:

Luckie Leiva

E-mail: info@waytogoprograms.com

Telephone: 408.829.2460

Website: www.waytogoprograms.com