



# WAY TO GO WINTER CAMP 2023 REGISTRATION

## CHILD INFORMATION

Full Name :

Home Address :

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

School name : \_\_\_\_\_

Grade in fall : \_\_\_\_\_ Allergies : \_\_\_\_\_

Health insurance company : \_\_\_\_\_ Policy Number : \_\_\_\_\_

Doctor's name and phone number : \_\_\_\_\_

Dentist's name and phone number : \_\_\_\_\_

Medication/ Medical Condition : \_\_\_\_\_

\_\_\_\_\_

## PARENT GUARDIAN 1 INFORMATION

Parent's Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Mobile Number : \_\_\_\_\_ Email : \_\_\_\_\_

Occupation : \_\_\_\_\_

Home address : \_\_\_\_\_

Child lives with this parent :  Yes  No Authorized to pick up the child any time :  Yes  No

## PARENT GUARDIAN 2 INFORMATION

Parent's Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Mobile Number : \_\_\_\_\_ Email : \_\_\_\_\_

Occupation : \_\_\_\_\_

Home address : \_\_\_\_\_

Child lives with this parent :  Yes  No Authorized to pick up the child any time :  Yes  No



## CHECK THE DAYS THAT YOUR CHILD WILL ATTEND

<input type="checkbox"/>	<b>FOUR DAY CAMP (TUESDAY- FRIDAY) FEBRUARY</b>	\$395
<input type="checkbox"/>	<b>TUESDAY - FEBRUARY 21</b>	\$110
<input type="checkbox"/>	<b>WEDNESDAY - FEBRUARY 22</b>	\$110
<input type="checkbox"/>	<b>THURSDAY - FEBRUARY 23</b>	\$110
<input type="checkbox"/>	<b>FRIDAY - FEBRUARY 24</b>	\$110
<input type="checkbox"/>	<b>EARLY BIRD REGISTRATION</b>	\$370

- **EARLY BIRD REGISTRATION FEE \$360.00 ( BEFORE JANUARY 30TH).**

## CAMP INFORMATION

<b>CAMP DATES:</b>	FEBRUARY 21 - FEBRUARY 24, 2023
<b>OPERATION HOURS:</b>	8:00am - 5:30pm
<b>FOUR DAY CAMP FEE:</b>	\$395.00
<b>DAILY FEE:</b>	\$110.00

Please return this Registration form along with your check payable to:

**Way to Go Foundation Inc.** By mail: 600 E Weddell Drive #4, Sunnyvale, CA. 94089.  
Or turn in to LACS Office (625 Magdalena Avenue, Los Altos, CA. 94024)

Online registration available: [www.waytogoprograms.com](http://www.waytogoprograms.com)