



West Shore Summer Camp Reservation Form

Child's Name: _____

Child's Birthday: _____

Child's Start & End Date: _____

Days of Care Needed: _____

Child's Name: _____

Child's Birthday: _____

Child's Start Date: _____

Days of Care Needed: _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone Number: _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone Number: _____

Additional Notes:
