

Hawthorne Community Day Camp



Southeastern Conference
of Seventh-day Adventists
1701 Robie Avenue
Mount Dora, FL 32757

Child Registration

Applicant Information

Parent's Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____
Emergency Contact Name _____ Phone _____

Child(ren) Information

Child #1
Full Name: _____ Last Grade Completed: _____
Last First M.I.

Date of Birth: _____ Age: _____
Please list any medical concerns, allergies or any other important issues we should know about your child: _____

Child #2
Full Name: _____ Last Grade Completed: _____
Last First M.I.

Date of Birth: _____ Age: _____
Please list any medical concerns, allergies or any other important issues we should know about your child: _____

Child #3
Full Name: _____ Last Grade Completed: _____
Last First M.I.

Date of Birth: _____ Age: _____
Please list any medical concerns, allergies or any other important issues we should know about your child: _____