

Dunn Summer Program

First Camper Name _____ F M

Date of Birth ____/____/____ Current Grade (Prior to Summer '10) _____ Current School _____

Second Camper Name _____ F M

Date of Birth ____/____/____ Current Grade (Prior to Summer '10) _____ Current School _____

Third Camper Name _____ F M

Date of Birth ____/____/____ Current Grade (Prior to Summer '10) _____ Current School _____

Parent 1 Name _____ Parent 2 Name _____

Mailing Address _____ Mailing Address _____

City/State/Zip _____ City/State/Zip _____

Work/Cell Phone _____ Work/Cell Phone _____

Home Phone _____ Home Phone _____

E-mail _____ E-mail _____

Health Insurance Carrier _____ Health Insurance Number _____

Emergency Contact Name _____ Phone _____

Physician's Name and Phone _____

Allergy/ Special Needs or Concerns _____

*** Bring a Friend Discount: Give Dunn the name of your friend and if they sign up, you receive a \$10 credit on your bill.

*** Discounts: Day Camp/ Tiny Tyke weeks add together. Deduct a one time \$10 for siblings.

Please complete & mail or fax Ilise Garvin PO Box 98 Los Olivos, CA 93441
FAX (805) 686-2078 PHONE (805) 688-6471 x 619 E-MAIL summercamp@dunnschool.org

Registration Form 2010