



CAMP REGISTRATION FORM 2024

Child's Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: _____

School child will attend in Sept 2024: _____ Grade child will attend in Sept 2024: _____

Parent 1 Name: _____ Telephone: _____

Home Address: _____ City: _____ Zip: _____

Primary Email used for receiving camp information: _____

Parent 2 Name: _____ Telephone: _____

Home Address: _____ City: _____ Zip: _____

Email: _____ Alternate Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Physician's Name: _____ Telephone: _____

Alternate person authorized to pick up child: _____ Telephone: _____

Please select your camp choice below.

Select	Camp Theme, Date, and Age Group	Fees – Please Pay Camp Host Directly
	Picture Process Camp with Paolo Rising 3 rd -7 th Graders August 12-16	\$400/week Ask Camp Host about availability of financial assistance

Parent 1 Signature: _____ Parent 2 Signature: _____

Parent 1 Name: _____ Parent 2 Name: _____

Date: _____ Date: _____

Return this enrollment form, signed and dated, along with the camp fee payment, to the Walden front office:

WaldenSchool
74 South San Gabriel Boulevard
Pasadena, CA91107