



(914) 218-8175 westchester@computeradventures.com  
Camp Location: 605 Millwood Road, Mount Kisco, NY 10549  
Summer Camp 2018 Registration Form

**Parent/Guardian Information**

Parent/Guardian First Name:

Parent/Guardian Last Name:

Email:

Primary Phone:

Secondary Phone:

Home Street Address:

City:

State:

Zip Code:

**Student Information**

Student First Name:

Student Last Name:

Gender:            Male                            Female

Date of Birth:

School Name:

Grade in Fall 2016:

**Student Medical Information**

Physician Name:

Physician Phone:

Allergies:

Medication:

Medication Reason:

**Emergency Contact** - *Enter individual(s) other than yourself*

First Name:

Last Name:

Primary Phone:

Secondary Phone:

Relationship to Camper:

**Authorized for Pickup** - *Enter individual(s) other than yourself*

First Name:

Last Name:

Primary Phone:

Secondary Phone:        -

Relationship to Camper:

**Additional Questions**

How did you hear about us?

I give permission to use images and/or words of my child in promotional materials and news stories.

Yes

No

