



YOUNG WHEELERS CAMP AMERICA - REGISTRATION FORM (Children Ages 6-12)

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent e-mail \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Phone Number for Emergency Contact \_\_\_\_\_

SESSION DATE ATTENDING: Please CIRCLE Date Below - Sessions \$150 each

JULY 11 - 14      JULY 25 - 28      AUGUST 1 - 4

Deposit Should Accompany Registration Form - Non-Refundable: \$50.00

Remaining Balance due 14 days before camp session.

If additional siblings are attending - Please fill in

Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Please list any allergies or medical information we may need to know for each attending \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is permitted to pick up your child/children (Provide Name & Contact Info.)

\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian  
Contact Info.

Signature \_\_\_\_\_

Parent/Guardian - Please Print \_\_\_\_\_

Date Registration Form is Completed: \_\_\_\_\_

**Make Checks payable to:**  
  
**America On Wheels, 5 North Front Street, Allentown PA 18102**  
  
**For Credit Card Payments: Please call 610.432.4200 x 10 / Education Office**