

Park Shore Request for Information

Park Shore Information Request

Full Day Camp Program:

Toddler Camp Program:

Super Senior Program:

Flexible Camp Program:

Explorer Travel Program:

Pre-School Program:

SuperTeen Travel Program:

Sports Track Program:

First Name:

Last Name:

Street:

City:

State:

Zip Code:

Email:

Phone:

Mobile:

Work Phone:

Work Email:

Child 1 Name:

Child 1 Birthdate:
MM/dd/yyyy

Grade Completed as of Coming June:

-None-

Pre-K

Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

Child 2 Name:

Child 2 Birthdate:

MM/dd/yyyy

Grade Completed as of Coming June:

-None-

Pre-K

Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

Child 3 Name:

Child 3 Birthdate:

Grade Completed as of Coming:

-None-

Pre-K

Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

How did you hear about us?

-None-

Advertisement

Drove By

Employee

Friend

Radio

Relative

TV

Web

AOL

Bing

Google

MSN

Other

If other, friend or relative, please specify:

Additional Comments and/or Information:

