



# Andrews Academy Lake St. Louis Summer Camp 2017 Registration Form



**Child's Name:** \_\_\_\_\_ **Gender:** M F

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parents'/Guardians' Names:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**School attending in the Fall:** \_\_\_\_\_ **Grade in the Fall:** \_\_\_\_\_

**Allergies, Special Dietary Needs and additional information:**

**For each session, please list in order that your child would like to attend (first, second, third choice). Thank you!**

**Session One –**  
**May 30-June 23**

- ☐ Explorers
- ☐ Sports Spectacular
- ☐ Imagineering
- ☐ Crafty Creations

**Session Two –**  
**June 26-July 14**

- ☐ Explorers
- ☐ Sports Spectacular
- ☐ Brain Games
- ☐ Crafty Creations

**Session Three –**  
**July 17-August 11**

- ☐ Explorers
- ☐ Sports Spectacular
- ☐ Movie Magic
- ☐ Crafty Creations