



16 RICHARDS AVENUE NORWALK, CT  
203-451-2521

## SUMMER CAMP CHILD INFORMATION FORM

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ \*EMAIL: \_\_\_\_\_

EMERGENCY CONTACT & PHONE: \_\_\_\_\_

CHILD'S AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

RIDING EXPERIENCE: \_\_\_\_\_

PLEASE INDICATE SESSION PREFERENCES:

WEEK DATE(S): \_\_\_\_\_ TIME: (CIRCLE ONE OR BOTH) AM PM

METHOD OF PAYMENT:  DEPOSIT ENCLOSED  OTHER \_\_\_\_\_

MAKE CHECKS OUT TO: KATHI MEENAN

MAIL TO: 40 OAK HILL AVE  
NORWALK CT 06854

\*PLEASE NOTE WE USE YOUR EMAIL FOR CONTACT INFO AND NEWSLETTERS