OIMAGINA DAYCARE
726 EVERETT AVE
PALO ALTO, CA
IMAGINADAYCARE.NET
650 739 5962

Summer Camp 2024 Registration Form

Child's Name	Date of Birth	Today's Date	
Child's age as of Aug 2024	-		
FAMILY INFORMATION			
Parent/Guardian Parent/Guardian			
Home Phone Alternate Phone Hor	ne Phone Alternate I	Phone	
Address Address			
City, State, Zip Code City, State, Z	Zip Code		
Employer Employer			
Email address Email address			
Allergies:			
Sibling Names and Ages:			
Please circle the weeks you Duration: 5 Weeks from 8a Week 1 from June 24th-2a Week 2 from July 2nd-Jul Week 3 from July 8th-12th	im-5pm, extend 8th \$800 y 5th \$850		om if needed
☐ Week 4 from July 15th-19☐ Week 5 from July 22nd-2			
☐ Week 6 from July 29th-31		(\$750)	