

**INTAKE FORM – SUMMER 2024 DAY CAMP**

Last Name	Child's First Name	Birth date
Street Address	City	Zip code
(____) _____ Home Phone	_____ email address	
Parent #1 Name	(____) _____ Work or cell phone	
Parent #2 Name	(____) _____ Work or cell phone	

**INTERESTED DAYS AND HOURS (example: MONDAY 8:00-5:00)**

- MONDAY \_\_\_\_\_
- TUESDAY \_\_\_\_\_
- WEDNESDAY \_\_\_\_\_
- THURSDAY \_\_\_\_\_
- FRIDAY \_\_\_\_\_

Alternate choices/flexibility, comments:

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**Office Use Only:**

Called/Emailed on \_\_\_\_\_ Returned message on \_\_\_\_\_

Would like information sent \_\_\_\_\_ Sent or gave on \_\_\_\_\_

Tour Scheduled \_\_\_\_\_

Additional information: \_\_\_\_\_

How did you hear about Messiah? \_\_\_\_\_

Invoice # \_\_\_\_\_ Payment received \_\_\_\_\_ Amount Paid \_\_\_\_\_