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## Miles Jones Foundation Day Camp Registration Form

**Camp Location:** 1014 Starr Ave Toledo, Ohio 43605

**Camp Dates:** TBD

**Contact Email:** milesjonesfoundation@milesjonesfoundation.com

**Phone Number:** 313-720-7800

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### Camper Information

1. **Camper's Full Name:** \_\_\_\_\_
  2. **Date of Birth:** \_\_\_\_\_
  3. **Gender:**  Male  Female  Non-Binary  Prefer Not to Say
  4. **Grade (for current school year):** \_\_\_\_\_
  5. **School Name:** \_\_\_\_\_
  6. **Allergies or Medical Conditions (if any):** \_\_\_\_\_
  7. **Emergency Contact (Name & Phone Number):** \_\_\_\_\_
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### Parent/Guardian Information

1. **Parent/Guardian 1 Full Name:** \_\_\_\_\_
  2. **Relationship to Camper:** \_\_\_\_\_
  3. **Phone Number:** \_\_\_\_\_
  4. **Email Address:** \_\_\_\_\_
  5. **Address:** \_\_\_\_\_
  6. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  
\_\_\_\_\_
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1. **Parent/Guardian 2 Full Name (if applicable):** \_\_\_\_\_
2. **Relationship to Camper:** \_\_\_\_\_
3. **Phone Number:** \_\_\_\_\_
4. **Email Address:** \_\_\_\_\_
5. **Address (if different from above):** \_\_\_\_\_
6. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  
\_\_\_\_\_



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## Camp Enrollment

1. **Select Camp Type:**
    - Full-Day Camp (9:00 AM - 4:00 PM)
    - Half-Day Camp (9:00 AM - 12:00 PM or 1:00 PM - 4:00 PM)
    - Specialty Camp (Specify Type): \_\_\_\_\_
  2. **Select Dates Attending:**
    - Week 1: TBD
    - Week 2: TBD
    - Week 3: TBD
    - Week 4: TBD
  3. **Select Extended Hours (if applicable):**
    - Morning Extended Care (7:00 AM - 9:00 AM)
    - Afternoon Extended Care (4:00 PM - 6:00 PM)
  4. **Total Fee Calculation:**
    - Camp Type Fee:** \_\_\_\_\_
    - Extended Hours Fee (if applicable):** \_\_\_\_\_
    - Sibling Discount (if applicable):** \_\_\_\_\_
    - Early Bird Discount (if applicable):** \_\_\_\_\_
    - Registration Fee: \$25**
  5. **Total Amount Due:** \_\_\_\_\_
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## Permissions

1. **Medical Treatment Authorization:**
    - In the event of an emergency, I authorize the camp staff to seek medical treatment for my child if necessary.
    - Yes  No
  2. **Photo and Media Release:**
    - I give permission for my child's image to be used in promotional materials and social media for the camp.
    - Yes  No
  3. **Field Trip Permission:**
    - I give permission for my child to participate in field trips organized by the camp.
    - Yes  No
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**Additional Information**

- Please provide any additional information or special instructions for your child:

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camp Coordinator Signature (for office use only):** \_\_\_\_\_ **Date:**

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**Note:** All information provided is confidential and will be used solely for the purposes of the Miles Jones Foundation Day Camp.

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For further information or to complete your registration, please contact us at 313-720-7800 or [milesjonesfoundation@milesjonesfoundation.com](mailto:milesjonesfoundation@milesjonesfoundation.com)