



Whiteside Area CAREER CENTER

Take the Advantage

Mr. Josh Johnson
Director

Mr. Ken Burn
Student Services Coordinator

PARENT / GUARDIAN INFORMATION

Name _____
Address _____
City/State/Zip _____
Home Phone _____
Cell Phone _____
Email _____

EMERGENCY CONTACT:

Name _____
Relationship _____
Phone Number _____

CAMPER INFORMATION

Name _____
Gender _____ DOB _____
Allergies or Medical Concerns?

Name _____
Gender _____ DOB _____
Allergies or Medical Concerns?

Name _____
Gender _____ DOB _____
Allergies or Medical Concerns?

PROGRAM REGISTRATION

Program Name	Start Date/Time	End Date/Time	Tuition

PAYMENT METHOD

Payment Options	Date
Cash: _____	
Check: _____	

Signature (Legal Guardian) _____ Date _____