



Morning Song Summer Camps 2026

Child's name _____
Age _____ Birthdate ___ / ___ / ___ Allergies _____
Address _____
Email address _____

Please ♥ the sessions you wish to reserve.

Payment is due at the first day of each camp session.

Slumber Garden (extended day option) is available on all days up until 3pm.

* Mondays and Fridays are also available upon request. Please contact Joya for this option.

DON'T FORGET....Note your camp dates on your calendar!

Each camp session July 7 - 9 _____ July 14 - 16 _____
is from **9am - 1pm** July 21 - 23 _____ July 28 - 30 _____

\$250 per session

~ Thank you ~

*** MONDAYS and FRIDAYS are available (\$85 extra per day)

EMERGENCY INFORMATION

Parent's name _____ Home phone _____
Business phone _____ Cell phone _____
Parent's name _____ Home phone _____
Business phone _____ Cell phone _____

LIST TWO OTHER EMERGENCY CONTACTS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED

1. Name _____ Home Phone _____
Relationship _____ Cell phone _____
2. Name _____ Home phone _____
Relationship _____ Cell phone _____

In case of accident or serious illness, I request that Joya Matza contact me. If she is unable to reach me, I hereby authorize her to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, Joya Matza or Mel Knox may make whatever arrangements deemed necessary.

I assume all financial responsibility and waive all claims against Morning Song Nursery/Joya Matza/Mel Knox for any injuries or illnesses sustained by the above-named child.

Signature of Parent _____ Date _____

Physician's name _____ Office phone _____

Address _____

Which hospital do you prefer? UNC _____ DUKE _____

Dentist's name _____ Office phone _____

Does this child have any physical disabilities or anything else I should know about them? Please explain (on back of form).