



BridgePrep Academy of Orange

Home of the Bulldogs



Student Name: _____ Grade: _____

Name of Parent/Guardian: _____ Other Authorized Adult: _____

Address: _____

Phone Number: _____ Cell phone Number: _____

Emergency Contact Number: _____

My child(ren) will attend camp:

Week 1 **Week 2** **Week 3** **Week 4**
 June 4 - 8th June 11 - 15th June 18 - 22nd June 25 - 29th
 My child(ren) will be: A car rider A walker/bike rider After-Care pick-up Other _____

I have read and understood the expectations _____

Parent/Guardians Signature _____ Date _____