KIDS CAMP NOMINATION FORM

TODAY’S DATE: _______

NAME OF CHILD: ____________________________

NOMINATOR’S NAME: _______________________

NOMINATOR’S PHONE NUMBER: ____________________________

NOMINATOR’S EMAIL ADDRESS: ____________________________

RELATIONSHIP TO CHILD: ____________________________

PARENT/GUARDIAN NAME: ____________________________

PARENT/GUARDIAN CONTACT INFORMATION:

EMAIL: ____________________________ PHONE NUMBER: ____________________________

Course Title/CED number (found in course description): ____________________________

Please write a brief statement of how you feel the above mentioned child will benefit from attending this workshop. Please include this statement with the registration form.

Mail this form to:
Jefferson Community College
Continuing Education Division
1220 Coffeen St.
Watertown, NY 13601.
Call 786-2438 if you have any questions.