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Animal Friends Kids' Camp Registration Form

Camper's Name _____ Age _____ Gender _____

Session Dates: _____

How did you hear about Kids' Camp? _____

Which school do you attend? _____ Grade? _____

Parent(s) Name _____ Daytime Phone (____) _____

Address _____ City _____ Zip _____

E-mail _____

Other emergency contact: Name _____ Phone: (____) _____

Questionnaire:

Do you have pets at home and if so, what kind? _____

What do you do to help your pet(s) at home? _____

What do you hope to learn from camp? _____

Do you have any allergies? _____

Medical Information and Release Form: Attach a copy of child's insurance card.

In case of emergency:

Animal Friends of the Valleys has my permission to seek medical treatment for my child

(Child's Name)

Doctor's name: _____ Phone (____) _____

Address: _____ City _____

PARENT(S) NAME- PLEASE PRINT

PARENT(S) SIGNATURE

DATE

Please make checks payable to: AFV or Animal Friends of the Valleys in the amount of \$60.00 per child per session. Credit card payments are accepted at the shelter or online via PayPal. *Please prepare and bring a snack and drink for your child each day. Closed-toe shoes only.*