

JYB Prekska Medication Center

14102, SCHILLER ROAD HOUSTON, LX 77082 281-596-YOGR (9642)

email: info@jybxouston.org
www.jybxouston.org

CHILDREN SPRING Camp Registration Form

Marcx 15-18 (Mon-txu) 8:30:00 am - 4:30 pm

(AGE ~ 5-13 YRS)
(Donation- \$100/cxild)

Student's Name	DOB	Age	m/f	Grade
1)				
2)				
Fatxer' Name:				
Motxer's Name:				
Address:				
	ZIP CODE:			
Pxone #:	email:			
emergency contact / Cen	LL Prone:			
<u> Xealth Information</u> Xealth problem if any _				
Food Allergies				
Board of Directors or t	xe employees respo	INSIBLE FOR ANY	and all injuries to	e nold Jyb Nouston, exein our child resulted on the e outside the scope of Jyb
Parent's Signature:		Father / Moth	ner) Date:	_

to provide a positive learning experience for all, the following guidelines must be observed:

• Camp times are: Drop off ~ 8:30-9:00 RM. Pick up between ~ 3:30-4:30 PM.

- Please be prompt on drop off and pick up.
- Please pack a lunch and 1 snack for each child daily (Yegetarian food only).
- Loose fitting clothes are requested.