



# Whiteside Area CAREER CENTER

Take the Advantage

Mr. Josh Johnson  
WACC Director

Mrs. Lindsay Stumpfenhorst  
WACC Principal

## PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Allergies or Medical Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Allergies or Medical Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT

Relation \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Allergies or Medical Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

## CAMPER INFORMATION PROGRAM REGISTRATION

Program Name	Start Day / Time	End Day / Time	Tuition

## PAYMENT METHOD

Payment Options	Date
Cash: _____	
Check: _____	

Signature (Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_