

Fountain Ridge Summer Camp 2026 Enrollment Form

Parent Info

First Name: _____ Last Name: _____

Email Address: _____

Phone number: _____

Address: _____

Child/ren Info:

Child #1:

First Name: _____ Last Name: _____

Birthdate: _____

Grade as of September 2026: _____

Weeks Attending:

☐ (1)6/29 ☐ (2)7/6 ☐ (3)7/13 ☐ (4)7/20 ☐ (5)7/27 ☐ (6)8/3 ☐ (7)8/10 ☐ (8)8/17

Child #2:

First Name: _____ Last Name: _____

Birthdate: _____

Grade as of September 2026: _____

Weeks Attending:

☐ (1)6/29 ☐ (2)7/6 ☐ (3)7/13 ☐ (4)7/20 ☐ (5)7/27 ☐ (6)8/3 ☐ (7)8/10 ☐ (8)8/17

Child #3:

First Name: _____ Last Name: _____

Birthdate: _____

Grade as of September 2026: _____

Weeks Attending:

☐ (1)6/29 ☐ (2)7/6 ☐ (3)7/13 ☐ (4)7/20 ☐ (5)7/27 ☐ (6)8/3 ☐ (7)8/10 ☐ (8)8/17

Credit Card Number: _____

Expiration Date: _____

PLEASE EMAIL COMPLETED FORM TO SEEMA@FOUNTAINFITNESSCENTER.COM