



Angelwood

Summer Day Camp 2025 Registration Form

Camper's Name _____ Age _____

Guardian's Name _____ Relationship to Child _____

Guardian Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address _____

Additional Information

☐ I would like to enroll _____ sibling(s) to attend at an additional cost

Sibling Name(s) _____ Age(s) _____

☐ I would like my child to be considered for 1 to 1 staffing at an additional cost.
(IEP's may be requested)

Sessions

- | | |
|--|---|
| <input type="checkbox"/> Week One: June 9 – 13 | <input type="checkbox"/> Week Two: July 28 – August 1 |
| <input type="checkbox"/> AM Extended Day | <input type="checkbox"/> AM Extended Day |
| <input type="checkbox"/> PM Extended Day | <input type="checkbox"/> PM Extended Day |

*Additional information (medical history, medication list, IEP, sibling info, etc.) will be requested in the **Full Application** and **Sibling Application**.*

Forms may be submitted via...

- Mail to P.O. Box 8771 Jacksonville, FL 32239 (Attn: Summer Day Camp)
- Scan and email to apatino@angelwoodjax.org
- Dropped off at 9100 Regency Square Blvd North Jacksonville, FL 32211
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