



Quiet Waters Camper Bus Form



Session 1 2 3 4 5 6

Camper: _____

Parent/ Guardian: _____

Parent/ Guardian Phone Number: _____
(Where you can be reached during the route time)

Emergency Contacts:

1st: _____ Phone: _____

2nd: _____ Phone: _____

Bus Stop: _____

Camp Attending:	Little	Day	Pre-
	Wonders	Camp	Teens
Grade Entering	K-1st	2nd- 4th	5th- 6th
(please circle)			

***** Office Use *****

Bus Route (please circle): A B Time: _____