



CHARLES TISDALE LIBRARY SUMMER CAMP

807 East Northside Drive

Jackson, MS. 39206

(601) 366-0021

APPLICATION FOR ENROLLMENT

Camper's Full Name:

Current Address:

City/State/Postal Zip

Telephone: Home () _____ Cell or Business () _____

Permanent Address (if different from Above)

City/State/Postal Zip _____

Date Of Birth _____ **Age** _____ **Sex** _____ **Grade** _____

Mother's Full Name _____ **PH# ()** _____

Father's Full Name _____ **PH# ()** _____

Emergency Contact Person _____ **PH# ()** _____

Parent/Guardian's Library Card number: 40552 _____

Camper's Library Card number: 40552 _____