

Referral Card

Date: _____

Your Name:

Child's Name:

I was referred by: (first and last name
of child)

***Bring this card in with your com-
pleted application and registration
fee. Thank you!**

Camp NOLA Kidz
3939 Gentilly Blvd. Box 406
New Orleans, LA 70126

Camp Office: 504-816-8144
Preschool Office: 504-816-8585
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