



Summer Camp Registration Form 2017

Child's Name: _____

Age: _____ Birth date (M/D/Y): _____

Address: _____

Telephone #: (Home) _____

(Work) _____ (Cell) _____

Parent(s) Name: _____

Emergency Contact Name: _____

Emergency Telephone #: _____

Any health conditions or previous injuries that we should be aware of?

Camp Hours:

Early Drop-off For Morning/Full Day between 8:30 - 9:00am

**Gym activities begin at 9:00 am*

Morning Half Day Pick by 12pm

Afternoon Half Day/Full Day Pick up between 4:30 – 5:00pm

After Hours Pick Up

***Pick up after 5:00pm*

\$10.00 for each ½ hour

Camp Prices:

Half Day - \$30.00

Full Day - \$50.00

Half Day Week - \$125

Full Day Week - \$250.00

	M	T	W	T	F	Cost	Payment
Week 1 – July 3 - 7							
Week 2 – July 10 - 14							
Week 3 – July 17 - 21							
Week 4 – July 24 - 28							
Week 5 – July 31 - Aug 4							
Week 6 – Aug 7 - 11	X						
Week 7 – Aug 14 - 18							
Week 8 – Aug 21 - 25							
Week 9 – Aug 28 – Sept 1							

-----Office Use Only-----

Parent/Guardian Signature