



Summer Camp Registration Form 2018

Child's Name: _____

Age: _____ Birthdate (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? YES / NO

If YES, explain: _____

Parent/Guardian Signature

Camp Hours:

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

Morning Half Day Pick Up by 12pm

Afternoon Half Day/Full Day Pick Up between 4:30 - 5:00pm

Camp Prices:

Half Day - \$35.00

Full Day - \$55.00

Half Day Week - \$150.00

Full Day Week - \$275.00

	M	T	W	T	F	Cost	Payment
Week 1: July 3 rd - July 6 th , 2018	X						
Week 2: July 9 th - July 13 th , 2018							
Week 3: July 16 th -July 20 th , 2018							
Week 4: July 23 rd - July 27 th , 2018							
Week 5: July 30 th - August 3 rd , 2018							
Week 6: August 7 th - August 10 th , 2018	X						
Week 7: August 13 th - August 17 th , 2018							
Week 8: August 20 th - August 24 th , 2018							
Week 9: August 27 th - August 31 st , 2018							

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