



Summer Camp Registration

Child: 1) _____ Age _____ 2) _____ Age _____
 3) _____ Age _____ 4) _____ Age _____

Parent Name _____

Telephone Number _____

Address _____

Email: _____

Emergency Contact Name and Telephone in Event Parent Cannot be Reached _____

My Child has permission to eat/drink the snacks provided. Yes _____ No _____

	<u>Full Week</u>	<u>Single Day</u>	<u>9:30-12:30</u>	<u>1:00-4:00</u>
Week 1 6/3-6/7:	_____	M, T, W, R, F	_____	_____
Week 2 6/10-6/14:	_____	M, T, W, R, F	_____	_____
Week 3 6/17-6/21:	_____	M, T, W, R, F	_____	_____
Week 4 6/24-6/28:	_____	M, T, W, R, F	_____	_____
Week 5 7/1-7/5 (no 4th)	_____	M, T, W, R, F	_____	_____
Week 6 7/8- 7/12:	_____	M, T, W, R, F	_____	_____
Week 7 7/15-7/19:	_____	M, T, W, R, F	_____	_____
Week 8 7/22-7/26:	_____	M, T, W, R, F	_____	_____
Week 9 7/29-8/2:	_____	M, T, W, R, F	_____	_____
Week 10 8/5-8/9:	_____	M, T, W, R, F	_____	_____

Please Note any special conditions, allergies or accommodations needed:

A \$50 deposit is required to reserve each full week. Full Payment is required to reserve a single day. No refunds will be given after 2 weeks prior to the reservation. Should you miss a day of camp feel free to make it up during that week from 4:00-7:00PM or weekend! Early drop offs or late pick- ups will be charged extra. Photos and videos of campers are used for promotional purposes. Registration of your camper authorizes the use unless otherwise noted.

Parent's Signature _____

Date _____

Payment: Deposit / Full Balance Receipt # _____ Employee Initials: _____