



Summer Camp Registration

Students 1) _____ Age _____ 2) _____ Age _____
 3) _____ Age _____ 4) _____ Age _____

Parent Name _____

Telephone Number _____

Address _____

Email: _____

Emergency Contact Name and Telephone in Event Parent Can not be Reached _____

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

	<u>5 Days</u>	<u>Single Day</u>	<u>9:30-12:30</u> (12&Up)	<u>1:00-4:00</u> (5&Up)
Week 1:	_____	M, T, W, R, F	_____	_____
Week 2:	_____	M, T, W, R, F	_____	_____
Week 3:	_____	M, T, W, R, F	_____	_____
Week 4:	_____	M, T, W, R, F	_____	_____
Week 5:	_____	M, T, W, R, F	_____	_____
Week 6:	_____	M, T, W, R, F	_____	_____
Week 7:	_____	M, T, W, R, F	_____	_____
Week 8:	_____	M, T, W, R, F	_____	_____
Week 9:	_____	M, T, W, R, F	_____	_____
Week 10:	_____	M, T, W, R, F	_____	_____
Week 11:	_____	M, T, W, R, F	_____	_____

Please Note any special conditions, allergies or accommodations needed:

A \$50 deposit is required to secure your requested weekly spots. The deposit will be deducted from the first weeks fee. 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 Payment Receipt # _____

Employee Initials: _____