



Summer / 12 Month

Summer Camp Registration Form

Child's Full Name: _____

Child's Home Address: _____

Date of Birth: _____ Sex: M F School District: _____

Tel: H _____ C _____ W _____

Full Name of Parents/Guardians _____

Email: _____ Date: _____

Weeks: *Please Check*

Days: *Please Circle*

Hours: *Please Check*

- Week 1 7/2-7/6
- Week 2 7/9-7/13
- Week 3 7/17-7/20
- Week 4 7/23-7/27
- Week 5 7/30-8/3
- Week 6 8/6-8/10
- Week 7 8/13-8/17

- M T TH F
- M T W TH F
- M T W TH F
- M T W TH F
- M T W TH F
- M T W TH F
- M T W TH F

- 9:00am – 12:30pm
- 9:00am – 3:30pm
- 9:00am – 6:00pm
- 7:30am – 3:30pm
- 7:30am – 6:00pm
- Other _____

Allergies

Medical Alerts

Signature of Parent /Guardian

The activities fee is non-refundable as is 25% of the Summer Camp tuition

Act Fee ck# _____