



Pre-Camp Mini Session

Pre-Camp Summer 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
June 18 - 22

M T W TH F

9:00am – 12:30pm

9:00am – 3:30pm

Week 2
June 25-29

M T W TH F

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