

Last Name: _____ First Name: _____

2017 Summer Break Camp Registration Form

Week 1 Monday June 5th – Week 10 Friday August 11th

Week 1 Monday June 5th - Friday June 9th
Week 3 Monday June 19th - Friday June 23rd
Week 5 Monday July 3rd - Friday July 7th
Week 7 Monday July 17th - Friday July 21st
Week 9 Monday July 31st - Friday August 4th

Week 2 Monday June 12th - Friday June 16th
Week 4 Monday June 26th - Friday June 30th
Week 6 Monday July 10th - Friday July 14th
Week 8 Monday July 24th - Friday July 28th
Week 10 Monday August 7th – Friday August 11th

***Full Day Full Week Special: \$160.00/ 8am-5pm (10% discount on siblings-(5 FULL CONSECUTIVE DAYS ONLY)**
***1/2 Day Full Week Special: \$100.00/ 8am-12:30pm OR 12:30pm-5pm (No sibling Discount)**

Full Single Day: \$35.00/8am-5pm

1/2 Single Day: \$25.00/8am-12:30pm OR 12:30pm-5pm

Ages 4 years -14 years welcome to day camp (Must be potty trained)

PARENT MUST PROVIDE: LUNCH AND 2 SNACKS FOR FULL DAYS, 2 SNACKS FOR HALF DAYS

Childs Name _____ **M/F** _____ **Age** _____ **DOB** _____ **Allergies:** _____

Mother _____ **Father** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Emergency Phone** _____

-Note: Only the persons listed below will be able to sign your child out.
-Anyone signing out your child must bring I.D. verification with them to sign out your child. NO EXCEPTIONS!
-If someone not listed here attempts to pick up your child,
YOU WILL BE NOTIFIED!! (Please Print Clear)**

1 _____
2 _____
3 _____

I will be responsible for my child's Summer Camp payments on a weekly if not a daily basis depending on my shift preferences. I understand that payment is due by the time of drop off in order for my child to participate.

Signature _____
Parent/Guardian _____ Date _____

Monday-Friday 4-8pm

407-438-6878