Date

SUMMER CAMP 2017

REGISTRATION

Please sign me up for Week(s) #

CHILD'S NAME	First			Middle	
Date of Birth		Ma	ale/Female	•	
Address					
Parent/Guardian Name					
Email address		First		Middle	")
Telephone (day)(evening)	(cel	l/beeper) _	 	
Emergency Contact (Name & Phone #)					As
PAYMENT				We	ekly s
Almeiti		Cash	_ Check _	Credit Card	
Drivers License #					
Credit card (MC/Visa/AmEx/Discover)					
Name as it appears on credit card					
Card #		Fxt	n Date		

SCHEDULE

WEEK	DATES
1	June 26 - June 30 2017
2	July 5 -7 2017
3	July 10 - 14 2017
4	July 17 - 21 2017
5	July 24 - 28 2017
6	July 31 - August 4 2017
7	August 7 - 11 2017
8	August 14 - 18 2017
9	August 21 - 25 2017
10	August 28 - Sept. 1 2017

COST

FULL DAY 9am - 3pm inc. lunch	1 WEEK	\$395
	2 WEEKS	\$750
	4 WEEKS	\$1200
HALF DAY 9am-12 pm	1 WEEK	\$275
	2 WEEKS	\$500
	4 WEEKS	\$900

EXTENDED CARE AVAILABLE!

