

SUMMER CAMP IN JULY

1-8th Grade REGISTRATION

Please choose:

Circle each week of attendance

___ By week(s): (8:30A.M.—1:00P.M.) July 5-9 12-16 19-23 26-30 \$120 week

___ By week Extended Day (7-8:30A.M. & 1-3 P.M.) add. \$110 per week

!! Savings when you sign up for all 4 weeks—\$50 off !!

___ 4-week camp: \$430 ___ Extended Day: additional +\$110_{per week}

Name of student: _____ D.O.B. _____

Grade entering in fall: _____

Parents: _____

Address _____

Mom's phone: _____ Dad's Phone: _____

E-mail address: _____

Additional people who can pick up your child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: YES / NO Please List: _____

Name of Physician: _____ Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy#: _____

We reserve the right to refuse service if it is determined that the child will not benefit from the program offered. We will terminate service if parents demonstrate a lack of cooperation with the rules and regulations concerning the program. We will also terminate service if children exhibit patterns of behavior that endanger others and/or it becomes evident after admission that the child's behavior does not come within our ability to deal effectively with such behavior and is limiting our services to the other children in the program. Our late fee policy is as follows: \$1 for each minute late up to 10 minutes. \$5 for each additional minute thereafter.

I have read and agree to the terms and rules outlined in this document.

Signature of parent: _____ Date: _____