

2017
Summer Camp

Ages 2-10 years

Please Check Session

Cost:

\$380 per session

\$40 Registration Fee per session

Session I: May 29th – June 29th (5 weeks) ___ **After Care** ___
Session II: July 3rd – Aug 3rd (5 weeks) ___ **After Care** ___

Student's Full Name _____

Date of Birth: _____ Age: _____ Sex: M _____ F _____

Class (or grade) just completed _____
(2016-2017 school year)

Mailing Address: _____ Phone: _____

City/ State/ Zip: _____

Mother: _____ Occupation: _____

Work Phone # _____ Cell Phone # _____

E-Mail Address: _____

Father: _____ Occupation: _____

Work Phone # _____ Cell Phone # _____

Allergies/Dietary Restrictions: _____

Doctor: _____ Phone # _____

CONTACTS:

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the parent cannot be reached.

Name: _____ Relationship: _____ Phone # _____

(To child)

Name: _____ Relationship: _____ Phone# _____

(To child)

Name: _____ Relationship: _____ Phone # _____

(To child)