

Summer FuN



Camper Application

Office Use

- Confirmation packet given to parent
- Medical form on file
- Paid in Full (see payments made on next page.)

Camper Information

Last Name		First Name		Grade Entering	
Home Address				Birthday	
City		State	Zip	Home Phone	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Current Student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Indicate any Medical Conditions or special needs:			Indicate any Allergies:		

Summer Camp Session Registration

Please check the box that corresponds to the session you are registering your child for. A \$50.00 non refundable deposit is required at the time of registration in order to hold your spot in camp. The deposit is applicable to the total camp fee. Remaining balances must be paid no later than one week prior to the camp session. Spaces are limited so make sure to submit applications as soon as possible to ensure a spot in our Summer Fun Camp.

	KinderCamp Boys and girls ages 3-5years. 9 am - 12 pm			Half Day Camp Boys and girls ages 6-12 years. 9 am - 12 pm			Full Day Camp Boys and girls ages 3-12 years. 9 am - 4 pm		
	1 Day Camp Mon. - Fri. \$30.00	5 Day Camp Mon.- Fri. \$150.00	Extended hours \$5.00	1 Day Camp Mon. - Fri. \$30.00	5 Day Camp Mon.- Fri. \$150.00	Extended hours \$5.00	1 Day Camp Mon. - Fri. \$45.00	5 Day Camp Mon.- Fri. \$225.00	Extended hours \$5.00
Session 1: July 5 th -July 8 th **		Not available			Not available			Not available	
Session 2: July 11 th -July 15 th									
Session 3: July 18 th -July 22 rd									
Session 4: July 25 th -July 29 th									
Session 5: Aug. 1 st - Aug. 5 th									
Session 6: Aug. 8 th - Aug. 12 th									
Session 7: Aug. 15 th -Aug. 19 th									
Session 8: Aug. 22 rd -Aug. 26 th									

Parent/Guardian Information (1)

Please note the people listed as parent/guardian are the only one's authorized to make changes to this application, including adding and removing authorized pick-up name.

Last Name		First Name	
Home Address (if different from child)			Home Phone
City	State	Zip	Cell Phone
Employer	Work Phone	Email	

Parent/Guardian Information (2)

Please note the people listed as parent/guardian are the only one's authorized to make changes to this application, including adding and removing authorized pick-up name.

Last Name		First Name	
Home Address (if different from child)			Home Phone
City	State	Zip	Cell Phone
Employer	Work Phone	Email	

How did you hear about us?

- You are a current Member
- From a friend
- Advertisements
- Internet
- Other

Are there any court orders relating to the child's custody or release? Yes No If yes, please provide a copy of the court order.

