

# REGISTRATION FORM

(ONE FORM PER CHILD – PLEASE COPY IF NEEDED)

CHILD'S NAME: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PARENTS OR GUARDIAN NAME: MOM \_\_\_\_\_ (DAYPHONE) \_\_\_\_\_

DAD: \_\_\_\_\_ (DAYPHONE) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ (RELATIONSHIP & PHONE)

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

**BELOW:** Please explain any allergies, medications, or conditions (*physical or emotional*) which require supervision or guidance. Feel free to include additional notes for your child's group leader.

**WE MUST HAVE CURRENT (WITHIN 3 YRS) MEDICAL FORMS ON FILE FOR YOUR CHILD TO ATTEND. A COPY OF THIS YEAR'S SCHOOL MEDICAL FORM IS IDEAL.**

WEEK	FEE	+	AM/PM (HRS/WK X \$6/HR)	TOTAL
COLUMBUS DAY <i>Oct 8, 2007</i> \$58 (\$54 mem) <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
VETERANS DAY <i>Nov 12, 2007</i> \$58 (\$54 mem) <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
MLK DAY <i>Jan 21, 2008</i> \$58 (\$54 mem) <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
XMAS: 12/27 <input type="checkbox"/> 12/28 <input type="checkbox"/> 12/31 <input type="checkbox"/> \$58 (\$54 mem)	\$ _____		\$ _____	\$ _____
WINTER VACATION: <i>2/18 - 22 FULL WEEK</i> <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<i>or</i> 2/18 MON <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
2/19 TUES <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
2/20 WED <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
2/21 THU <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
2/22 FRI <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<i>\$58 (\$54 mem) daily</i>				
<i>\$255 (\$230 mem) full week</i>				
SPRING BREAK: <i>4/14 - 18 FULL WEEK</i> <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<i>or</i> 4/14 MON <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
4/15 TUES <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
4/16 WED <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
4/17 THU <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
4/18 FRI <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<i>\$58 (\$54 mem) daily</i>				
<i>\$255 (\$230 mem) full week</i>				
CURRENT MEMBER <input type="checkbox"/> RENEW MEMBERSHIP <input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/>			(+ \$45 MEM)	\$ _____
MEDICAL FORMS ENCLOSED <input type="checkbox"/> MEDICAL FORMS ON FILE <input type="checkbox"/>			<b>TOTAL</b>	\$ _____

A 50% deposit will be accepted for totals over \$150. \*\*CC must be on file for balance

CHARGE VISA/MC ACCOUNT # \_\_\_\_\_ -  
 EXP DATE: \_\_\_\_\_ AMT \_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_

DEPOSIT \$ \_\_\_\_\_ \*\*  
**BALANCE** \$ \_\_\_\_\_

**IMPORTANT:** INDICATE THE AM/PM HOURS YOU ARE REGISTERING FOR: WE WILL CHARGE IN 1/2 HR INCREMENTS. **\$6 PER HR.**

I'll need  before camp hours week(s) of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

I'll need  after camp hours week(s) of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_