

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.

DAY/WEEK	FEE	+	AM/PM <small>(HRS/WK x \$6/HR)</small>	TOTAL
MLK DAY <i>Jan 19, 2009</i> \$58 (\$54 mem) <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
WINTER VACATION: <u>2/16 - 20</u> FULL WEEK <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<i>or</i> 2/16 MON <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<u>\$58 (\$54 mem) daily</u> 2/17 TUES <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<u>\$255 (\$230 mem) full week</u> 2/18 WED <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
2/19 THU <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
2/20 FRI <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
SPRING BREAK: <u>4/13 - 17</u> FULL WEEK <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<i>or</i> 4/13 MON <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<u>\$58 (\$54 mem) daily</u> 4/14 TUES <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
<u>\$255 (\$230 mem) full week</u> 4/15 WED <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
4/16 THU <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
4/17 FRI <input type="checkbox"/>	\$ _____		\$ _____	\$ _____
CURRENT MEMBER <input type="checkbox"/> RENEW MEMBERSHIP <input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> (+ \$45 MEM) \$ _____				

MEDICAL FORMS ENCLOSED MEDICAL FORMS ON FILE

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

TOTAL	\$ _____
DEPOSIT	\$ _____ **
BALANCE	\$ _____

CHARGE VISA/MC ACCOUNT # _____
EXP DATE: _____ AMT _____ 3 DIGIT CODE _____

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 _____