

Summer Camp 2019 Registration

I would like to register my child/children

1.Name_____ Age_____ Grade(going into)_____

2.Name_____ Age_____ Grade(going into)_____

Parents Name:_____ Phone #_____

Email Address_____

I would like to register for:

_____ Term 1: June 3rd-June 28th for \$1025.00

_____ Term 2: July 1st - July 26th for \$1025.00

_____ Term 3: July 29th - August 16th for \$775.00

For Office Use Only

Paid Deposit for: _____ Term 1 _____ Term 2 _____ Term 3

Cash:_____ Check #_____ Credit Card:_____

Staff Initials:_____