

# Winter/Spring Break Camp Applications

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Child's Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent (s)/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

**Important Information:**

-Camp runs from 8:00 am until 3 pm. Cost is \$100 for the week.

-Aftercare runs from 3pm until 6pm. Cost is \$25 for the week.

-Camp starts runs the Monday through Friday.

-There is NO CAMP on major Holidays

Attending Camp for the week: \_\_\_\_\_ Attending Aftercare: \_\_\_\_\_

Heading

\_\_\_\_\_ Office Use Only Below \_\_\_\_\_

DATE RECV'D	Medical/Release History	Medication Release	Behavior Policy	Balance Paid
Received By				