

2010 CAMP REGISTRATION FORM

Full name of child: _____ Birthdate: _____

Name child goes by: _____ Gender: F M

Names & ages of other children in family: _____

Weeks enrolling for:

Ages 2 ½ - 6, Tu-Fri, 9-1: July 6-9

Ages 5-12, M-Th, 9-3: June 21-24, with optional overnight for families on 24th

Carpool plan: Don't plan on carpooling Carpool with 1 other family ("2 car pool")

With 2 other families ("3 car pool") Bike/walk ("Pedestrian") Custom plan

It is OK to put my contact info on roster to give to families to contact me about carpooling

	NO CARPOOL	2 CAR POOL	3 CAR POOL	PEDESTRIAN
Preschoolers: 9-1 : 4 days				
Rate for 1 week of camp	150	128	120	113
Ages 6-12: 9-3: 4 days				
Rate for 1 weeks camp	215	183	172	161
Optional overnight with parent	50	43	40	38

If you need afterschool child care, sometimes this can be pre-arranged with director. Please ask if needed.

Parent/Guardian Name: _____ Email Address: _____

Relationship (mother, father, stepmother, guardian, etc.) _____

Address: _____
Street Address City Zip

Mailing Address: _____
Address or P.O. Box City Zip

Phone: (home) _____ work: _____ cell: _____

Occupation: _____ Employer: _____

Place of Employment: _____
Street Address City Zip

Parent/Guardian Name: _____ Email Address: _____

Relationship (mother, father, stepmother, guardian, etc.) _____

Address: _____
Street Address City Zip

Phone: (home) _____ work: _____ cell: _____

Occupation: _____ Employer: _____

Place of Employment: _____
Street Address City Zip