



Holiday Camp Application

Child's Name _____
Address: _____
City, State and Zip: _____
Telephone _____ (H) _____ (W) _____ (C)
Grade: _____ School: _____ DOB: _____ Sex: _____
Email: _____

Health Insurance: _____
Insurance ID#: _____ Group Number: _____

Mother's Name: _____ Father's Name: _____
Mother's Employer: _____ Father's Employer: _____
Camper lives with: _____ Both Parents _____ Mother _____ Father _____ Other
Additional Emergency Contact: _____
Relationship: _____ Phone: _____ Cell: _____

Fee Schedule

7am to 9am Before Care \$10.00
9am to 3 pm Camp \$30.00 (Aftercare program participants \$20)
3pm to 6pm Aftercare \$10.00 (Aftercare program participants \$0)
Registration \$25.00 Annual Registration Fee

Camps and Dates

(Please initial each date you would like to reserve)

Last Week Summer Aug 3 _____ Aug. 4 _____, Aug. 5 _____, Aug. 6 _____, Aug. 7 _____
Thanksgiving Camp Nov 23 _____ Nov 24 _____ Nov 25 _____
Winter Holiday Dec 21 _____ Dec 22 _____ Dec 23 _____ Dec 28 _____ Dec 29 _____
Dec 30 _____ Dec 31 _____
Mardi Gras Feb 15 _____ Feb 17 _____ Feb 18 _____ Feb 19 _____
Easter Mar 29 _____ Mar 30 _____ Mar 31 _____ Apr 1 _____ Apr 5 _____

* Balance due for each camp session will is to be paid upon child's arrival the first day of camp session. Balances will be emailed prior to the first day of camp. Please register a minimum of 48 hours before camp to insure that we are able to accommodate your child. If you must cancel for any reason, please do so at least 48 hours before the beginning of camp. Failure to cancel in a timely fashion will result in your being billed for the time that was reserved. Past due balances that are over 60 days late will be turned over to a collection agency.

Fees:

_____ Annual Registration Fee \$25
_____x_____ (Number of days) \$30 per day camp (\$20 for aftercare participants)
_____x_____ (Number of days) \$10 per day before care
_____x_____ (Number of days) \$10 per day after care (\$0 for aftercare participants)
\$ _____ Total \$ _____ Deposit Paid Total Balance Due:\$ _____

Parent's Signature: _____ Date: _____