

## 2024 CO-ED SUMMER CAMP

## AGES 4.5-12yo(must be fully potty-trained)

## **ENROLLMENT FORM**

| Child's Nam                | ne:              |                             | Age:                                  | Child's Birthdate:                        |
|----------------------------|------------------|-----------------------------|---------------------------------------|---|
| Parent/Guardian's name     |                  |                             | Cell:                                 | Email:                                    |
|                            |                  |                             | Cell Phone:                           |   |
| Alternate E                | mail:            |                             |                                       |   |
| Skill Level (              | (Circle One):    | M-1 M-2 Beginner            | Level 1 Level 2 Fr                    | iend Request (Optional):                  |
| Please mark                | k which week     | s you would like to at      | ttend:                                |   |
|                            | Week 1           | June 17-21                  | 9:00am-2:30pm                         | \$ 465.00                                 |
|                            | Week 2           | <b>June 24-28</b>           | 9:00am-2:30pm                         | \$ 465.00                                 |
|                            | Week 3           | July 8-12                   | 9:00am-2:30pm                         | \$ 465.00                                 |
|                            | Week 4           | July 15-19                  | 9:00am-2:30pm                         | \$ 465.00                                 |
|                            | Week 5           | <b>July 22-26</b>           | 9:00am-2:30pm                         | \$ 465.00                                 |
|                            | Week 6           | July 29-Aug 2               | 9:00am-2:30pm                         | \$ 465.00                                 |
| 5% discoun                 | t for 2 or mor   | e weeks at time of sig      | gn up TOT                             | AL DUE \$                                 |
| <ul><li>Drop off</li></ul> | is between 9:    | 00AM-9:15AM                 |                                       |   |
| -                          |                  |                             | :30 a \$30 late fee per 15            | -minute will be due at time of pickup     |
| •                          |                  |                             | bottle, healthy snacks, ar            | • •                                       |
| •                          | •                |                             | · · · · · · · · · · · · · · · · · · · | water bottle). There is no                |
| •                          | ntion/microwa    | •                           | rersonar reems meraamg                | water bottleji. There is no               |
| •                          | •                | EFORE/AFTERCARE             |                                       |   |
|                            |                  | •                           |                                       | e notified by email to make a             |
| -                          | <u> </u>         |                             | •                                     | pleted your child's space will be secured |
|                            |                  |                             |                                       | each child must have separate             |
|                            | ent forms        | nave multiple chil          | ii en attenuing camp, (               | each chhu must have separate              |
| CIII OIIII                 |                  |                             |                                       |   |
| Please initi               | ial lines belo   | w:                          |                                       |   |
| <ul><li>I acknow</li></ul> | vledge that C    | amp Hours are 9:00 <i>A</i> | AM-2:30PM (Initials)                  |   |
| I agree t                  | o fill out all n | ecessary paperwork          | BEFORE the start of ca                | mp (Initials)                             |
| I agree t                  | o keep my ch     | ild home if they do n       | ot feel well and/or pre               | sent signs and symptoms of COVID-19       |
| (Initials)                 |                  |                             |                                       |   |
| <ul><li>Camp is</li></ul>  | non-cancell      | able, non-refundab          | le, and we do not pro-                | rate (initials)                           |
| Office Use Only            |                  |                             |                                       |   |
| Date Paid                  | Reg Form         | ı Rules Form                |                                       |   |