



Summer Camp Registration 2010

Child First Name:	Child Last Name:
Age: Date of Birth: / /	
Allergies:	What do we need to know to help your child?
Parent First Name:	Parent Last Name:
Address:	City: Zip:
Home: Cell:	Email:
Parent First Name:	Parent Last Name:
Address (if different from above):	City: Zip:
Home: Cell:	Email:

<p style="text-align: center;">Escape \$219/week</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wilderness Safari 6/14 <input type="checkbox"/> Science Explorer 6/21 <input type="checkbox"/> Water Works 6/28 <input type="checkbox"/> Our Community 7/5 <input type="checkbox"/> Into the Wild 7/12 <input type="checkbox"/> Wet and Wacky 7/19 <input type="checkbox"/> Go Team! 7/26 <input type="checkbox"/> Hands-on Fun 8/2 <input type="checkbox"/> Wet and Wild 8/9 <input type="checkbox"/> Good Old Days 8/16 <input type="checkbox"/> Summer Fun 8/23 	<p style="text-align: center;">Action! Ages 4–7 \$219/week</p> <ul style="list-style-type: none"> <input type="checkbox"/> My Garden 6/14 <input type="checkbox"/> Crazy Chemistry 6/28 <input type="checkbox"/> Recipe for Math 7/5 <input type="checkbox"/> Building Beyond Blocks 7/12 <input type="checkbox"/> Discover Fairyland 7/19 <input type="checkbox"/> Ooey, Gooley, Science Adv. 8/2 <input type="checkbox"/> Math Merchants 8/9 <input type="checkbox"/> Wildlife Safari 8/16 <p>Star Wars</p> <ul style="list-style-type: none"> <input type="checkbox"/> June 21 \$279/ week <p>King Arthur's Court</p> <ul style="list-style-type: none"> <input type="checkbox"/> July 26 \$279/ week 	<p style="text-align: center;">Action! Ages 8–12 \$219/week</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crazy Chemistry 6/14 <input type="checkbox"/> Acting and Theater Games 6/28 <input type="checkbox"/> Mathemagic! 7/5 <input type="checkbox"/> Architects 7/12 <input type="checkbox"/> Recipe for Math 7/19 <input type="checkbox"/> CSI Summers-Knoll 8/2 <input type="checkbox"/> Math Merchants 8/9 <input type="checkbox"/> Comic Book 8/16 <p>Morning/After Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Morning Care \$42/week <input type="checkbox"/> After Care \$75/week
<ul style="list-style-type: none"> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card: Visa / Master Card / Discover Name on Card: _____ Billing Address: _____ Account #: _____ Exp: ____/____/____ 3 Digit Security #: _____ 		<p>Esc./Action: \$219 x ____ = _____</p> <p>Star Wars: \$279 _____</p> <p>King Arthur: \$279 _____</p> <p>Subtotal: _____</p> <p>Discount (if applicable): _____</p> <p>Morning Care: \$42 x ____ = _____</p> <p>After Care: \$75 x ____ = _____</p> <p>Grand Total: _____</p>
<p>Signature: _____ Date: _____</p>		