



2018 Summer Day Camp Registration Form

Child's Name: _____ **Age:** _____

Please check:

- _____ My child will bring cold lunch daily.
- _____ My child's lunch will be provided daily through the school district lunch program. I understand that this program only runs certain weeks and I will provide cold lunch on days where the lunch program doesn't run.

Summer Camp Rules:

- ❖ **I understand that if my child gets suspended more than once or put in time out more than 5 times during summer camp, they will be dropped from the summer camp program.** It's a privilege to be a part of our summer camp as we usually have a waiting list. We expect members to follow our rules and behave while they are in this program.
- ❖ I understand that I must pay for each session in full by the start of each session. **If I fail to pay by the first Monday of each session, my spot may be given away to someone that is on the waiting list and/or I will be charged an additional \$5 per day for every day late starting the first Wednesday of each session.**
- ❖ I understand that summer camp kids must arrive to the Club **no later than 10:00 AM.**
- ❖ If my child wears sandals to the Club I will send them with a pair of tennis shoes so they won't miss out on participating in gym and other outdoor activities.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY			
<input type="checkbox"/> Summer Membership Fee (\$10.00)	_____	_____	_____
	Amount Paid	Date	Staff Initials
<input type="checkbox"/> Session 1: \$130.00 (6/18-6/29) Amount Due	_____	_____	_____
	Amount Paid	Date	Staff Initials
<input type="checkbox"/> Late Fee \$5 per day starting	_____	_____	_____
	Days Late	Amount Paid	Staff Initials
<input type="checkbox"/> Session 2: \$130.00 (7/2-7/13) Amount Due	_____	_____	_____
	Amount Paid	Date	Staff Initials
<input type="checkbox"/> Late Fee \$5 per day starting	_____	_____	_____
	Days Late	Amount Paid	Staff Initials
<input type="checkbox"/> Session 3: \$130.00 (7/16-7/27) Amount Due	_____	_____	_____
	Amount Paid	Date	Staff Initials
<input type="checkbox"/> Late Fee \$5 per day starting	_____	_____	_____
	Days Late	Amount Paid	Staff Initials
<input type="checkbox"/> Session 4: \$130.00 (7/30-8/10) Amount Due	_____	_____	_____
	Amount Paid	Date	Staff Initials
<input type="checkbox"/> Late Fee \$5 per day starting	_____	_____	_____
	Days Late	Amount Paid	Staff Initials
<input type="checkbox"/> Session 5: \$130.00 (8/13-8/24) Amount Due	_____	_____	_____
	Amount Paid	Date	Staff Initials
<input type="checkbox"/> Late Fee \$5 per day starting	_____	_____	_____
	Days Late	Amount Paid	Staff Initials