

Activity Title _____
Date _____
Time _____

Registration

General

Childs Name _____

Child Care Provider _____

Contact Name _____ Phone # _____

Email Address _____

Group Information

Total Group Size _____ Number in each age range 2-4 _____

5-9 _____

Other _____

Number of Chaperones _____

Special Needs (Picnic area, transportation, allergies, Etc.)

Payment

Groups Under 15 Children
\$5 x _____ (Number of children) = _____ (Total cost)

Groups Over 15 Children
\$4x _____ (Number of children) = _____ (Total cost)

Scholarship Recipients (Deposits refunded on admission)
\$2x _____ (Number of children) = _____ (Total deposit)

%50 Percent deposit is required at the time of registration, and is refundable up to 7 business days before camp begins. After 7 business days this deposit becomes nonrefundable. Final payment is due the day of activity.

I have read and understand all information above. Signature _____ Date _____

%50 Deposit Paid Date _____ Method _____

Remaining Paid/Refunded Date _____