

Vacation Sports Camp Registration Form

Child's Name: _____ Grade: _____ (If Pre-K, specify Age)

Additional Child's Name(s): _____ Grade: _____ (If Pre-K, specify Age)

Parent's Name(s): _____

Contact Phone Number(s): _____ Email: _____

Please indicate your schedule below by circling schedule, extended care and whether or not your child will need lunch. Please refer to the chart on the front page to calculate the total due at the bottom.

	Daily Schedule		Extended Care	Lunch
	Half Day	Full Day	\$20 per day flat rate	\$5 per meal
Monday	9:00 am – 1 pm 1:00 pm – 5:00 pm	9 am – 5 pm	Yes or No If yes, check time(s) needed: <i>(check all that apply)</i> <input type="checkbox"/> 7:30-9:00 <input type="checkbox"/> 5:00-6:00	Yes or No
Tuesday	9:00 am – 1 pm 1:00 pm – 5:00 pm	9 am – 5 pm	Yes or No If yes, check time(s) needed: <i>(check all that apply)</i> <input type="checkbox"/> 7:30-9:00 <input type="checkbox"/> 5:00-6:00	Yes or No
Wednesday	9:00 am – 1 pm 1:00 pm – 5:00 pm	9 am – 5 pm	Yes or No If yes, check time(s) needed: <i>(check all that apply)</i> <input type="checkbox"/> 7:30-9:00 <input type="checkbox"/> 5:00-6:00	Yes or No
Thursday	9:00 am – 1 pm 1:00 pm – 5:00 pm	9 am – 5 pm	Yes or No If yes, check time(s) needed: <i>(check all that apply)</i> <input type="checkbox"/> 7:30-9:00 <input type="checkbox"/> 5:00-6:00	Yes or No
Friday	9:00 am – 1 pm 1:00 pm – 5:00 pm	9 am – 5 pm	Yes or No If yes, check time(s) needed: <i>(check all that apply)</i> <input type="checkbox"/> 7:30-9:00 <input type="checkbox"/> 5:00-6:00	Yes or No
Total Cost	\$ _____	\$ _____	\$ _____	\$ _____

Medical or other information our staff should be aware of:

