



Summer Camp Agreement

Child's Last Name Child's First Name Child's Age

Primary Guardian Secondary Guardian

Street Address Town State/Zip

Home Phone Cell Phone Allergies

Available Days: (Please Circle)
Monday Tuesday Wednesday Thursday Friday
Week 1: CLOSED CLOSED July 5 July 6 July 7
Week 2: July 10 July 11 July 12 July 13 July 14
Week 3: July 17 July 18 July 19 July 20 July 21
Week 4: July 24 July 25 July 26 July 27 July 28
Week 5: July 31 August 1 August 2 August 3 August 4
Week 6: August 7 August 8 August 9 August 10 August 11
Week 7: August 14 August 15 August 16 August 17 August 18
Week 8: August 21 August 22 August 23 August 24 August 25

Hours Per Week: (Please Circle) 3 hours 5 hours

Please read and initial each statement below:

- I understand both the deposit and final balance are non-refundable.
I understand that the final balance is to be paid by cash or credit card only and must be paid upon arrival the first day of camp.
I understand that I must provide lunch for my child Monday thru Thursday if they are staying for the full day.
I understand that I must provide a bathing suit and towel for my child if staying full day.
I understand that I must provide a smock with my child's name on it.
I understand that my child must be potty trained.
I understand there are no make ups or refunds for missed days.
I understand that participation in camp activities involves the risk of injury and I enroll the above named person at his/her own risk.
I understand and accept all enrollment conditions above.

DATE

PARENT OR GUARDIAN