

2018 Summer Camp Explore Application

Child's Name: _____ Boy _____ Girl _____

Child's Age: _____ Grade (Fall, 2018): _____

Parent (s)/ Guardian Name: _____

Address: _____ City: _____ Zip: _____

Day Phone: (____) ____-____ Home: (____) ____-____ Cell: (____) ____-____

Email: _____

Weeks Attending:

7/09-7/13 (\$175) _____ 8/06-8/10 (\$175) _____

7/16-7/20 (\$175) _____

7/23-7/27 (\$175) _____

7/30-8/03 (\$175) _____

Amount of Weeks Attending Aftercare (\$75 a week from 3:00pm-5:30pm)_____

Total Amount Due_____

*Please note there is no Aftercare the last day of Camp Explore (8/10)

_____ Office Use Only Below _____

DATE RECV'D	Medical/Release History	Notes	Liability Release	Balance Paid
Received By				