

2019 Summer Camp Explore Application

Child's Name: _____ Boy _____ Girl _____

Child's Age: _____ Grade (Fall, 2019): _____

Parent (s)/ Guardian Name: _____

Address: _____ City: _____ Zip: _____

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

Email: _____

Weeks Attending:

7/08-7/12 (\$150) _____ 8/05-8/09 (\$150) _____

7/15-7/19 (\$150) _____

7/22-7/26 (\$150) _____

7/29-8/02 (\$150) _____

Amount of Weeks Attending Aftercare (\$50 a week from 3:00pm-5:30pm) _____

Total Amount Due _____

*Please note there is no Aftercare the last day of Camp Explore (8/09)

_____ Office Use Only Below _____

DATE RECV'D	Medical/Release History	Pick-Up Form	Liability Release	Deposit Paid
Received By				