

# 2020 Summer Camp Explore Application

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Child's Age: \_\_\_\_\_ Grade (Fall, 2020): \_\_\_\_\_

Parent (s)/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

**Weeks Attending:**

7/6 - 7/10 (\$175) \_\_\_\_\_ 8/03 - 8/07 (\$175) \_\_\_\_\_

7/13 - 7/17 (\$175) \_\_\_\_\_

7/20 - 7/24 (\$175) \_\_\_\_\_

7/27 - 7/31 (\$175) \_\_\_\_\_

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 (8/07)

\_\_\_\_\_ Office Use Only Below \_\_\_\_\_

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