

SUMMER CAMP REGISTRATION
"CAMP AMERICA"

CHILD'S NAME: _____ D.O.B. _____

WEEKS OF THE SUMMER:

- | | |
|------------------|--------------------|
| 1. WEEK #1 _____ | 6. WEEK #6 _____ |
| 2. WEEK #2 _____ | 7. WEEK #7 _____ |
| 3. WEEK #3 _____ | 8. WEEK #8 _____ |
| 4. WEEK #4 _____ | 9. WEEK #9 _____ |
| 5. WEEK #5 _____ | 10. WEEK #10 _____ |

PLEASE CIRCLE CHOICE OF DAYS: **ARRIVAL:** _____ **PICKUP:** _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PLEASE RETURN THIS FORM WITH A \$50.00 REGISTRATION FEE PER CHILD TO CLARENCE CENTER CHILD CARE, INC. AS SOON AS POSSIBLE.

PARENT SIGNATURE: _____ DATE: _____

BEST EMAIL ADDRESS: _____

MOM HOME PHONE: _____ CELL#: _____ WORK: _____

DAD HOME PHONE: _____ CELL#: _____ WORK: _____

FOR OFFICE USE ONLY:

DATE: _____

REGISTRATION FEE: _____

OF DAYS: _____

CHECK#: _____