



Summer Camp Application 2009

Camp Dates:

June 15—August 21, 2009

Times:

7:30 am—5:30 pm

Child's Name: _____

Date of Birth: _____

Age: _____ Grade: _____

Address: _____

Phone Number: (H) _____

Cell: _____ Work: _____

Parent/Guardian: _____

Email Address: _____

Emergency Information:

Doctor: _____

Dr. Phone: _____

Dentist: _____

Dentist Phone: _____

Hospital Preference: _____

Insurance Co. _____

Ages 6 to 13 yrs
Breakfast/Lunch/Snack Provided

Daily

ACTIVITIES

Academic & Biblical Enrichment

Arts & Crafts

Field Trips

Games & Sports

Movies & Dance

Swimming

No Registration Fee

Camp \$100 weekly per child

**Families with two or more
children:**

Prorated fee Example:

child#1: \$100, #2: \$75, #3: \$50

Payments are due weekly

Emergency Information if parent can't be contacted.
