

PARTICIPANT INFORMATION: Use full legal names for all parties

Child's First Name: _____ MI: _____ Last Name: _____

Birthdate: ____/____/____ Gender: F M Grade in Fall: _____

Name and email of person responsible for billing: _____

Race/Ethnic Background of Participant (optional):

- Black or African American White Hispanic or Latino American Indian/Alaskan Native
 Asian or Pacific Islander Other _____

CHOOSE YOUR DAYS

Please choose 3-5 days each week

June 8 - 12

DAYS
 M Tu
 W Th
 F All Days

June 15 - 19

DAYS
 M Tu
 W Th
 F All Days

June 22 - 26

DAYS
 M Tu
 W Th
 F All Days

June 29 - July 3

DAYS
 M Tu
 W Th
 F **Note:** Camp closed Friday, 7/3

July 6 - 10

DAYS
 M Tu
 W Th
 F All Days

July 13 - 17

DAYS
 M Tu
 W Th
 F All Days

July 20 - 24

DAYS
 M Tu
 W Th
 F All Days

July 27 - 31

DAYS
 M Tu
 W Th
 F All Days

Aug 3 - 7

DAYS
 M Tu
 W Th
 F All Days

Aug 10 - 14

DAYS
 M Tu
 W Th
 F All Days

Aug 17 - 21

DAYS
 M Tu
 W Th
 F All Days

Aug 24 - 28

DAYS
 M Tu
 W Th
 F All Days

Aug 31 - Sept. 4

DAYS
 M Tu
 W Th
 F **Note:** Camp closed 9/3 and 9/4

Billing will be processed bi-weekly, and all invoices will be sent to the email address listed above.

CHILD CARE SUBSIDY PROVIDER INFORMATION:

A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until the "Authorization of Service" is received.

Our family currently receives child care assistance from:

County: _____ Third Party Agency: _____ Other: _____

Agency/County Worker's Name: _____ Phone Number: _____

Case # Required: _____ Paperwork submitted to County/Agency: Yes No

REGISTRATION FEE:

There is a \$50 nonrefundable registration fee per child. An email with a payment link will be sent to you within one week of receiving this registration form. Your registration will not be completed until the registration fee is paid for each child and all required forms are submitted. All invoices will be emailed.