Summer Camp 2024 – New Family

Please complete a registration form <u>for each child</u> attending summer camp and one Tuition Express Authorization form for payments. Payments will be processed from your Tuition Express account when you submit the form.

Child's Name		_ Birthdate	Sex: M□F□	
Street		_ City	Zip	
Mother's Name		Cell Phone	e#	
Father's Name		Cell Phone	#	
Mother's Email Address				
Father's Email Address				
Has your child ever attended	l Preschool/Day Care	YES or NO		
Does your child receive any	of the following servi	ces? Physical The	erapy/Speech Therapy/Occ	upational Therapy
Please Explain:				
WHEN: 4 Days per v	es 3 thru enterii veek 9:30am-1:30pn ill include art, science, music an ession	n, Monday thro d large muscle activities.	ugh Thursday	
June 17 th – 20 th		July 29 ^t	th – August 1 st	
June 24 th – 27 th		August	5 th – 8 th	
$July~8^{th}-11^{th}$		August	12 th – 15 th	
$July~15^{th}-18^{th}$				
credit for a future program <u>Cancellations:</u> • Prior to May 1 st you • After May 1 st you w	n, whichever the registr u will receive a full refu vill be given a 50 % refu	ant prefers. nd. nd if notice is at le	east 1 week prior to the start or	

Date

Parent signature