

APPLICATION FOR SUMMER DAY CAMP 2009

Child's name _____
Address _____

Today's Date _____
Date of birth _____
Gender _____
Home phone _____

Mother or Guardian's name _____
Employer _____ Phone _____
Work address _____
Cell phone _____

If paying by personal check, please complete the following:

CT driver's license # _____ Date of birth _____

Father or Guardian's name _____
Employer _____ Phone _____
Work address _____
Cell phone _____

If paying by personal check, please complete the following:

CT driver's license # _____ Date of birth _____

Child's physician _____ Phone _____
Hospital preference _____
Any allergies or limitations _____

We must have the following in order to hold a space for your child:

- _____ \$25.00 non-refundable application fee
- _____ \$50.00 summer camp deposit (will be applied to your child's last session)
- _____ Child Health form (filled out and signed by a physician)
- _____ Child emergency card
- _____ Permission form

OVER →

Start date: _____ Schedule: M T W R F Hours: _____

A non-refundable application fee of \$25.00 and a \$50.00 tuition deposit are required to hold a space for your child. The tuition deposit can only be applied to your child's last reserved session as indicated on this form and is forfeited if you change your child's last session to an earlier date.

Please check your choice of sessions and dates:

Session I- *Awesome America* _____ 6/22-26 _____ 6/29-7/3

Session II- *Crazy Days of Summer* _____ 7/6-10 _____ 7/13-17

Session III- *The Land Before Time* _____ 7/20-24 _____ 7/27-31

Session IV- *Treasure Island* _____ 8/3-7 _____ 8/10-14

Session V- *Under the Big Top* _____ 8/17-21 _____ 8/24-28

Shelton schools will tentatively begin August 31st. If your child's school begins on an alternate date just let us know so we may accommodate your needs.

For office use only

_____ Application fee paid _____ Deposit paid _____ Last session reserved

