

Kottage Kids Summer Camp 2015 Registration Form (6yrs - 12yrs)

By completing this form and submitting it with your non-refundable, summer camp activity fee of \$225.00, you are reserving a place for your child in Kids Kottage Learning Center, Inc.

Child's last name	Child's first name	M/F
Date of birth	Age	Start date
Child's home address		
Mother/guardian's name		Home phone Work phone
Father/guardian's name		Home phone Work phone
How did you hear about Kids Kottage?		

I understand that the \$225.00 activity fee I am submitting with this form is non-refundable. I am aware that tuition must be paid in full prior to June 22, 2015. I further understand that my child's enrollment packet and medical consent form will need to be completed and returned to Kids Kottage at least two (2) weeks prior to my child's start date.

Please be sure to review the Summer Camp Brochure for more information regarding refunds, discounts, etc.

Parent's Signature: _____ Date: _____

Please specify the weeks your child will be attending the summer camp program:(Unfortunately due to staffing requirements, admissions tickets, and instructional materials, changes will not be allowed after the 1st day of camp.)

Dates

_____ Week 1 (June 22)

_____ Week 2 (June 29)

_____ Week 3 (July 6)

_____ Week 4 (July 13)

_____ Week 5 (July 20)

_____ Week 6 (July 27)

_____ Week 7 (August 03)

_____ Week 8 (August 10)

_____ Week 9 (August 17)

_____ Week 10 (August 24)

Please specify below your child's t-shirt size:

Youth: _____Small _____Medium _____Large

Adult: _____Small _____Medium _____Large _____XL

Please specify the grade your child will be entering in September:

_____K _____1st _____2nd _____3rd _____4th _____5th

Payment Information

Visa Number _____ CVV _____

Mastercard Number _____ CVV _____

Charge customers only: Cardholder name _____ Card expiration date _____

Amount to be charged \$_____ Cardholder Signature:_____

Check/money order enclosed \$_____ payable to Kids Kottage Learning Center

Early Registration Discount: _____

Please mail completed form with payment to:

*Kids Kottage Learning Center
659 Abbington Drive, Suite 404
East Windsor NJ 08520*

For Office Use Only		
_____Log In	_____Schedule	_____Database
Computer: _____Reg	_____SD	_____FT _____AF
_____Payment Date	_____Medical Form	_____Waivers
_____5%	_____10%	Staff Initials