

Kottage Kids Junior Summer Camp 2023 Registration Form (3-6 yrs)

Summer camp is \$250.00 for every week you choose. There is a one time \$500.00 activity fee. By completing this form and submitting it with your non-refundable, summer camp activity fee you are reserving a place for your child's 2023camp. Please read the remainder of this form carefully.

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

Please complete the front and back of this form. Payment for the weeks you have selected **must** accompany the registration form on before May 1st. No Registration will be accepted without payment.

Please acknowledge that the weeks you choose are non-refundable. Camp is a minimum of 8 weeks, five days a week.

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.) Please note that the schedule you have is subject to change but the program in its entirety will remain

Dates

- _____ Week 1 (June 21th)
- _____ Week 2 (June 28th)
- _____ Week 3 (July 6th)
- _____ Week 4 (July 12th)
- _____ Week 5 (July 19th)
- _____ Week 6 (July 26th)
- _____ Week 7 (August 2nd)
- _____ Week 8 (August 9th)
- _____ Week 9 (August 16th)
- _____ Week 10 (August 23rd)

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/MC/Discover/Amex Number _____ CVV _____ Exp. Date _____

Charge customers only: Cardholder name _____

Cardholder Signature: _____

Amount to be charged \$ _____

Check/money order enclosed \$ _____

For Office Use Only		
___ Log In	___ Schedule	___ Database
Computer: ___ Reg	___ SD	___ FT ___ AF
___ Payment Date	___ Medical Form	___ Waivers
___ 5%	___ 10%	Staff Initials