



# Day Camp

## REGISTRATION SUMMER 2018

Camper's Name \_\_\_\_\_ Date: \_\_\_\_\_ Member/Guest # \_\_\_\_\_

### Day Camp: Campers Age 6-14

Week		Member	Non Member	Weekly Cost
1	June 25-29	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
2	July 2-6(No camp 7/4)	\$186 <sup>00</sup>	\$218 <sup>00</sup>	
3	July 9-13	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
4	July 16-20	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
5	July 23-27	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
6	July 30- Aug 3	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
7	Aug 6-10	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
8	Aug 13-17	\$232 <sup>00</sup>	\$272 <sup>00</sup>	
Total				

\* Daily Rate available speak to Danielle

### Extended Care

Week		AM 7:00-9:00		PM 4:00-7:00		Weekly Cost
		per Week	per Day	per Week	per Day	
1	June 25-29	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
2	July 2-6(No camp 7/4)	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
3	July 9-13	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
4	July 16-20	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
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7	Aug 6-10	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
8	Aug 13-17	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
Total						

	Total
Day Camp	
Less Discount	
Extended Care AM	
Extended Care PM	
<b>Total Fees Due</b>	

Payment Options	
<input type="checkbox"/>	<b>Payment in Full</b> Payment in full upon registration
<input type="checkbox"/>	<b>Payment Plan</b> Three payments. 1/3 upon registration, 2 <sup>nd</sup> payment May 1 <sup>st</sup> , final payment June 1 <sup>st</sup> . <i>Must have credit card on file in order to use payment plan.</i>



# Day Camp REGISTRATION SUMMER 2018

Camper Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering Fall 2018 \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Sportsplex Camper?  yes  no Is camper Sportsplex Member\*  yes  no

Primary Contact (Full name) \_\_\_\_\_ Secondary Contact (Full name) \_\_\_\_\_  
 Father  Mother  Guardian  Father  Mother  Guardian

Address (if different from camper) \_\_\_\_\_ Address (if different from camper) \_\_\_\_\_

Cell \_\_\_\_\_ Work/Daytime# \_\_\_\_\_ Cell \_\_\_\_\_ Work/Daytime# \_\_\_\_\_

\* Camper must be Sportsplex Member to receive member rate.

### Emergency Contacts During Program Hours (9:00AM—4:00PM) Extended Care (7:00–9:00AM/4:00–7:00PM)

The following contacts listed below will be able to pick up your child from camp. **If they are not on this list they will not be able to pick up your child. Primary Contact will receive text message and or email announcing club emergency closings or cancellations.** Please supply all information requested.

#### Additional Contacts and Authorized pick-up people

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

I have read and agree to the terms of the **Enrollment Agreement** included in the Camp Brochure.

X

Parent or Guardian Signature

Date