



Tot & Kindergarten Camp REGISTRATION SUMMER 2018

Camper's Name _____ Date: _____ Member/Guest # _____

Tot Camp: Campers Age 3-5

Week		M-F /Full Days		M-F /Half Days		Mon, Wed Fri/Full Days		Mon, Wed Fri/half Days		Weekly Cost
		Member	Non Member	Member	Non Member	Member	Non Member	Member	Non Member	
1	June 25-29	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
2	July 2-6 (No camp 7/4)	\$191 ⁰⁰	\$220 ⁰⁰	\$120 ⁰⁰	\$136 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
3	July 9-13	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
4	July 16-20	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
5	July 23-27	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
6	July 30- Aug 3	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
7	Aug 6-10	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
8	Aug 13-17	\$238 ⁰⁰	\$275 ⁰⁰	\$150 ⁰⁰	\$170 ⁰⁰	\$149 ⁰⁰	\$168 ⁰⁰	\$106 ⁰⁰	\$116 ⁰⁰	
Total										

*Tuesday/Thursday option available must speak to Camp Director

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 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
2	July 2-6 (No camp 7/4)	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
3	July 9-13	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
4	July 16-20	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
5	July 23-27	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
6	July 30- Aug 3	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
7	Aug 6-10	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
8	Aug 13-17	\$40 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	\$12 ⁰⁰	
Total						

Total		Payment Options	
Day Camp		<input type="checkbox"/>	Payment in Full Payment in full upon registration
Less Discount		<input type="checkbox"/>	Payment Plan Three payments. 1/3 upon registration, 2 nd payment May 1 st , final payment June 1 st . <i>Must have credit card on file in order to use payment plan.</i>
Extended Care AM			
Extended Care PM			
Total Fees Due			



Tot & Kindergarten Camp REGISTRATION SUMMER 2018

Camper Name _____ Home Phone _____ Date _____

Street _____ City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ 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