



Tot & Kindergarten Mini Camp

REGISTRATION SUMMER 2018

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

Tot Mini Camp: Campers Age 3-5

	Aug 20	Aug 21	Aug 22	Aug 23	Aug 24	Full Week	Total
Tot Full Day Member	\$45 ⁰⁰	\$45 ⁰⁰	\$45 ⁰⁰	\$45 ⁰⁰	\$45 ⁰⁰	\$215 ⁰⁰	
Tot Full Day Non Member	\$55 ⁰⁰	\$55 ⁰⁰	\$55 ⁰⁰	\$55 ⁰⁰	\$55 ⁰⁰	\$265 ⁰⁰	
Tot Half Day Member	\$30 ⁰⁰	\$30 ⁰⁰	\$30 ⁰⁰	\$30 ⁰⁰	\$30 ⁰⁰	\$135 ⁰⁰	
Tot Half Day Non Member	\$40 ⁰⁰	\$40 ⁰⁰	\$40 ⁰⁰	\$40 ⁰⁰	\$40 ⁰⁰	\$150 ⁰⁰	
Extended Care 7-9AM	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$40 ⁰⁰	
Extended Care 4-7PM	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	

	Aug 27	Aug 28	Aug 29	Aug 30	Aug 31	Full Week	Total
Tot Full Day Member	\$45 ⁰⁰	\$45 ⁰⁰	\$45 ⁰⁰	\$45 ⁰⁰	\$45 ⁰⁰	\$215 ⁰⁰	
Tot Full Day Non Member	\$55 ⁰⁰	\$55 ⁰⁰	\$55 ⁰⁰	\$55 ⁰⁰	\$55 ⁰⁰	\$265 ⁰⁰	
Tot Half Day Member	\$30 ⁰⁰	\$30 ⁰⁰	\$30 ⁰⁰	\$30 ⁰⁰	\$30 ⁰⁰	\$135 ⁰⁰	
Tot Half Day Non Member	\$40 ⁰⁰	\$40 ⁰⁰	\$40 ⁰⁰	\$40 ⁰⁰	\$40 ⁰⁰	\$150 ⁰⁰	
Extended Care 7-9AM	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$40 ⁰⁰	
Extended Care 4-7PM	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$12 ⁰⁰	\$45 ⁰⁰	

	Total
Mini Camp	
Less Discount	
Extended Care AM	
Extended Care PM	
Total Fees Due	

Payment Options	
<input type="checkbox"/>	Payment in Full Payment in full upon registration
<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>



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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