

Summer Camp Registration Form

3 week sessions (M-Th)
\$440 per session
9am – 12pm, extended to 2pm

Parent's Name: _____

Address: _____

_____ zip _____

Home ph: _____ other ph: _____

Email: _____

How did you hear about us? _____

Child's Name: _____

Date of birth: _____ M__ F__

I'd like to register my child for the following session(s), **Mon-Thurs, 9am-12pm**:

- | | |
|--|-------|
| <input type="checkbox"/> Games Galore (<i>June 7-24</i>) | \$440 |
| <input type="checkbox"/> Imagination Station (<i>July 5-22</i>) | \$440 |
| <input type="checkbox"/> Creepy Crawling Critters!
(<i>July 26-Aug 12</i>) | \$440 |

\$50 deposit per session enclosed
Please bill my Visa/MC

Number: _____ / _____ / _____ / _____

Exp. Date: _____ Security Code: _____

For office use only:

PA DPST PMT Etab