



# Gap Week Camp

This year, there is 1 week between the last day of school and the first day of camp. We will be offering an “add on” camp week during the week of June 20-24.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Circle: Male/Female

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Child's Grade \_\_\_\_\_ Child's School \_\_\_\_\_

Parent/Guardian#1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please select (circle) one of the following time slots:**

A. 7:00-4:00

B. 7:30-4:30

C. 8:00-5:00

Please choose the days you would like to sign up

<u>CHOOSE DAYS</u> Please check the days you would like to sign up for	<b><u>MONDAY 6/20</u></b>	<b><u>TUESDAY 6/21</u></b>	<b><u>WEDNESDAY 6/22</u></b>	<b><u>THURSDAY 6/23</u></b>	<b><u>FRIDAY 6/24</u></b>
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Total number of days \_\_\_\_\_ x \$55 per day = \_\_\_\_\_ total

Payment is due with this registration form

I have submitted a payment Amount: \$ \_\_\_\_\_ Check or PayPal.\* Date: \_\_\_\_\_

\*Please attach a printout of your PayPal payment to this form as proof of payment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_