

# “Add On” Camp Sign Up

This year, there are several days between the last day of school and the first day of camp. We will be offering an “add on” camp week during **June 15-23\*** (\* to be determined by the last day of school).

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_ **Circle:** Male/Female  
**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Child's Grade** \_\_\_\_\_ **Child's School** \_\_\_\_\_

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

**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

<b>CHOOSE DAYS</b> Please <b>check</b> the days you would like to sign up for	<b><u>MONDAY 6/12</u></b>  <b>Regular School day</b> <b>No Camp</b>	<b><u>TUESDAY 6/13</u></b>  <b>Regular School day</b> <b>No Camp</b>	<b><u>WEDNESDAY 6/14</u></b>  <b>Last Day of School</b> <b>No Camp</b>	<b><u>THURSDAY 6/15</u></b>	<b><u>FRIDAY 6/16</u></b>
	<b><u>MONDAY 6/19</u></b>  <b>Closed for Juneteenth</b> <b>No Camp</b>	<b><u>TUESDAY 6/20</u></b>	<b><u>WEDNESDAY 6/21</u></b>	<b><u>THURSDAY 6/22</u></b>	<b><u>FRIDAY 6/23</u></b>

Please include the required payment with this registration form. Space in our program is limited, enrollment will be accepted on a first come first served basis. Additional enrollment forms will be sent to you and **MUST** be returned to us at least 1 week before summer camp begins for any child not currently enrolled at The Children of Tomorrow, Inc.

I understand the center policies as stated in the parent handbook including but not limited to the late pick up policy, tuition payment policy, opt in for emergency text messages, closure due to emergency/weather etc. I understand I must adhere to all policies.

Total number of days \_\_\_\_\_ x \$55 per day = \_\_\_\_\_ total

Payment is due with this registration form

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

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

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

**\*ALL CANCELLATIONS OR SCHEDULE CHANGE REQUESTS MUST BE MADE IN WRITING BY JUNE 1ST\***