

Emmaus Summer Camp 2010 Application

This registration form must be completed and turned in to the office by April 9,2010 to ensure enrollment in the summer camp. Current enrollment at Emmaus Preschool does not automatically enroll your child in summer camp.

Child's name _____

Boy Girl

Date of Birth _____ Age _____ Grade _____

Child's Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Parent/Guardian Name: _____ Primary # _____ Secondary# _____

Parent/Guardian Name: _____ Primary # _____ Secondary# _____

Emergency Contact: _____ Primary # _____ Secondary# _____

Person(s) who MAY pick up camper _____

Parent/Guardian

Signature: _____ Date: _____

SUMMER PROGRAM: June 14 – July 30, 2010

ACTIVITY FEE (Due with Registration)non- refundable.....\$30.00

PLEASE specify weeks):

Week 1: June 14-18

Week 5: July 12-16

Week 2: June 21-25

Week 6 July 19-23

Week 3: June 28-July 2

Week 7: July 26-30

Week 4 July 5-9

PLEASE specify program):

5 Full Days

3 Full Days

2 Full Days

5 Half Days

3 Half Days

2 Half Days

For Office Use Only:

Activity Fee Amount \$ _____

Cash

Check # _____