

CHILD'S NAME \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_ AGE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_

Weeks {Sessions}	1	2	3	4	5	6	7	8	9	10	11
Dates	6/21-6/25	6/28-7/02	7/06-7/09	7/12-7/16	7/19-7/23	7/26-7/30	8/02-8/06	8/9-8/13	8/16-8/20	8/23-8/27	8/30-9/03
Traditional Day Camp											
Kinder Camp { Kindergarten }	E F H	E F H	E F H	E F H	E F H	E F H	E F H	E F H	E F H	E F H	E F H
Day Camp-Pathfinder { Grades 1 & 2 }	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F
Day Camp-Trailblazer { Grades 3 & 4 }	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F
Day Camp-Voyager { Grades 5 & 6 }	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F
Teen Camp { Grades 7 & 8 }	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F	E F
C. I. T. (Grades 9 & 10) { Two Weeks }	E F		E F		E F		E F		E F		

Please Circle your choice by code within the box for each week of camp you choose. \*Please circle ONE side or the other, not both.  
**Codes: E = Extended Day, F = Full Day, H = Half Day.**

Parent Name: \_\_\_\_\_ Parent Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Total Balance Due: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_