

Child's Name _____

REGISTRATION 2010

1st - 5th 2 days/week

If your child will be attending Afterschool with us this fall: (Please Circle) F/T or PT (3days / 2days)
Sunscreen preference: (Please Circle) Generic/Own
Will your camper be purchasing a t-shirt? (Please Circle) Yes/No

Please register my child for the following sessions (circle only the camp and indicate days M,T,W,TH,F):

<u>Week</u>	<u>Dates</u>	<u>Summer Camp</u>	(A) <u>Weekly Fee</u> (10% disc. Y / N)	(B) <u>Sibling Fee</u> (10% disc. Y / N)
Week 1	May 24-28	Day	\$120	
Week 2	June 1-4	Day	\$120	
Week 3	June 7-11	Day	\$120	
Week 4	June 14-18	Day	\$120	
Week 5	June 21-25	Day	\$120	
Week 6	June 28-July2	Day	\$120	
Week 7	July 6-9	Day	\$120	
Week 8	July 12-16	Day	\$120	
Week 9	July 19-23	Day	\$120	
Week 10	July 26-30	Day	\$120	
Week 11	Aug 2-6	Day	\$120	
Week 12	Aug 9-13	Day	\$120	
Week 13	Aug 16	1 Day	\$43	

Total Weekly Fees: \$ _____ \$ _____
(From sibling form)

Total Weekly Fees: \$ _____

Registration Fee: \$ _____

T-shirt: \$ _____

After School Fee til end of August (August 17-31): \$ _____

Credit Amount (May 24, 25, 26, 27, 28): \$ _____

Total for Summer : (A + B) = = \$

Monthly Fees (Divided by 3 months; June, July, August):

June: \$ _____

July: \$ _____

August: \$ _____

**Camp Morning Star
Summer Program Registration 2010
Camper Profile**

Camper's Name _____

Address _____

City _____ Zip _____ Home Phone (____) ____ - _____

Birth Date (Month/Day/Year) ____/____/____ Age _____ Sex (M / F)

Grade (Upcoming School Year) _____ School _____

Mother's Name _____ Business _____ Phone (____) ____ - _____

Email Address _____ Cell (____) ____ - _____

Father's Name _____ Business _____ Phone (____) ____ - _____

Email Address _____ Cell (____) ____ - _____

My child has been to day camp before? Yes No

During camp child resides with:

- _____ Mother and Father
- _____ Mother
- _____ Father
- _____ Other _____
(Relationship to child)

Check if applicable:

- _____ Parents are seperated
- _____ Parents are divorced
- _____ Father is deceased
- _____ Mother is deceased

T-Shirts can be purchased at \$10.00 each

Child's Size	S	M	L
Adult's Size	S	M	L

Any personal information you want us to be aware of:

Parent's Signature _____ Date ____/____/____

(Please label all of your child's belongings)