

SJLS Summer Camp

Registration Form

Child's Name: _____

Parent/Guardian name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Child's Age: _____ Current school grade: _____

Emergency Contact: _____

****All Persons Approved to pick up your child:**

Please list any allergies (including food allergies) the staff should be aware of:

Person who will pick up child at the end of each day:

Name: _____ Phone number: _____

Please select which hours your child will be with us this summer:

- Part Time – less than 15 hours \$60.00 8:30-12:30
- Full Time – 15 hours or more \$100.00 8:30-6:00

- o Early Morning Drop Off 7:30-8:30 \$5.00 weekly/\$20 monthly

Estimated time of pick up: _____

Please include your \$60.00 registration fee with this application. Your child's spot will not be held until the registration is paid to reserve it. Thank you!

Please circle the weeks your child will be with us this summer:

June 3rd -7th

June 10th -14th

June 17th -21st

June 24th -June 28th

July 1st, 2nd, 3rd, and 5th

July 8th -12th

July 15th -19th

July 22nd – July 26th

July 29th- August 2nd

All Weeks

Discounts-

5% sibling discount

10% discount on paid in full for all nine weeks of care

Max 10% - no other discount can be applied

Discounts are only given on full time care.

Each child will get a summer camp T-shirt!

Sizes: (Please circle)

Youth XS (2-4)

Youth S (6-8)

Youth M (10-12)

Youth L (14-16)

Youth XL (18-20)