

CHILD #1 NAME:
 (First) _____ (Last) _____ Male or Female _____
CURRENT GRADE (as of 1/1/15) _____ **Birthdate (M/D/Y)** _____ **School** _____
 **CHILD MUST be entering 1st grade in the fall of 2015
T-Shirt Size (Circle one): Child Small (6/8) Child Med (10/12) Child Large (14/16) Adult Small Adult Med Adult Large
ALLERGIES or MEDICAL CONDITIONS _____

CHILD #2 NAME:
 (First) _____ (Last) _____ Male or Female _____
CURRENT GRADE (as of 1/1/15) _____ **Birthdate (M/D/Y)** _____ **School** _____
T-Shirt Size (Circle one): Child Small (6/8) Child Med (10/12) Child Large (14/16) Adult Small Adult Med Adult Large
ALLERGIES or MEDICAL CONDITIONS _____

CHILD #3 NAME:
 (First) _____ (Last) _____ Male or Female _____
CURRENT GRADE (as of 1/1/15) _____ **Birthdate (M/D/Y)** _____ **School** _____
T-Shirt Size (Circle one): Child Small (6/8) Child Med (10/12) Child Large (14/16) Adult Small Adult Med Adult Large
ALLERGIES or MEDICAL CONDITIONS _____

Parent(s) Name(s) _____ E-Mail _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Friend Request (All requests may not be honored): _____

→PLEASE CHECK ONE - WEEKLY ENROLLMENT OPTION (2nd child 10% discounted rate)
The Weekly Tuition Charge Remains the Same For All Weeks of Camp
 _____ 5 Days per Week **\$339.00** (\$305.10) _____ 3 Days per Week **\$299.00** (\$269.10)
 _____ 4 Days per Week **\$319.00** (\$287.10) _____ 2 Days per Week **\$219.00** (\$197.10)

→Please circle days your child will attend camp: Monday Tuesday Wednesday Thursday Friday
→PLEASE CHOOSE FROM ONE OF THE TWO OPTIONS BELOW:

- 1) _____ I am signing my child up for **ALL OF THE 9 FULL WEEKS OF CAMP**
 Families signing up for weeks 1-9 may take 1-vacation week and pay only ½ tuition for that week.
 Camper must be absent for one full regularly scheduled week. Weeks may not be split up or combined.
OR
 2) _____ I am signing my child up for less than 9 weeks of camp. I understand that I am responsible for paying for the weeks that I have signed up for whether in attendance or not and that I will not receive a vacation credit for non-attendance.

PLEASE CHECK THE WEEKS YOU ARE INTERESTED IN YOUR CHILD ATTENDING CAMP.

THE DAYS OF THE WEEK OF ATTENDANCE MUST REMAIN THE SAME FOR ALL WEEKS YOUR CHILD IS ENROLLED. WEEKS MAY NOT BE SPLIT, COMBINED, or SHORTENED FROM YOUR REGUALR SCHEDULE.
 _____ Week 1 (June 15-19) _____ Week 6 (July 20-24)
 _____ Week 2 (June 22-26) _____ Week 7 (July 27-31)
 _____ Week 3 (June 29-July 2) Closed Friday, July 3 _____ Week 8 (Aug 3-7)
 _____ Week 4 (July 6-10) _____ Week 9 (August 10-14)
 _____ Week 5 (July 13-17)

*** _____ I have enclosed the required NON-REFUNDABLE REGISTRATION FEE of \$100 per child & THE DEPOSIT FEE which is equal to one week's tuition per child.
(DEPOSITS WILL BE APPLIED TOWARDS THE LAST WEEK OF CAMP)

_____ I WOULD LIKE TO ORDER AN ADDITIONAL CAMP T-SHIRT FOR CHILD (Circle child/ren) #1 #2 #3 FOR \$10.00 EACH. INCLUDE PAYMENT FOR SHIRT/S WITH YOUR REGISTRATION AND DEPOSIT PAYMENT.

CHECKS AND CREDIT CARDS ACCEPTED. To pay by credit card, you may either come to the office to pay OR you may pay on-line on our website at www.wesleychildcarecenter.com and submit your receipt with your Camp Pre-Registration Form.
REGISTRATION FORM AND PAYMENT OR RECEIPT OF PAYMENT MUST BE TURNED IN TOGETHER.

I understand tuition deposits are only refundable until April 1, 2015.

I understand I am required to pay for **ALL** of the weeks of camp in which I have enrolled my child. Any changes to my child's original schedule **MUST** be made before May 1, 2015 after which time, I understand I am responsible for payment for all of the weeks that I am signed up for whether in attendance or not.

→X Parent Signature _____ Date _____