

Summer Camp Registration Form

I would like to enroll my child in the following weeks:

Available at CASTLEFIELD ONLY:

Week 1 June 27th to June 30 M T W Th **This week ONLY pick 2 or 3 days** M T W Th

Available at both Bedford and Castlefield:

Week 2 July 4th to July 8th M to F M, W, F T, Th

Week 3 July 11th to July 15th M to F M, W, F T, Th

Week 4 July 18th to July 22rd M to F M, W, F T, Th

Week 5 July 25th to July 29th M to F M, W, F T, Th

Total Fees Enclosed # weeks _____ @ \$ _____ = \$ _____

Child's Name: _____

Age as of June 27th 2011 _____ **Date of Birth:** _____

Location requested (Bedford or Castlefield) _____

Parent/Guardian Name: _____

Home Address: _____

(Including postal code) _____

Telephone Home: _____

Cell: _____

Work: _____

Email Address: _____

*****Office Use*****

Total Fees Paid _____ **Date:** _____