Child's Name _____

Grade next school year _____Allergies: _____

Parent's Name _____

Home Phone _____ Cell _____

Email_____

EMERGENCY CONTACT:

Name_____ Phone _____

Boot Camp Options:

EC3 Boot Camp _____Full Day $300 _____Half Day $150
June 3-14 (two week camp)

Extended Care _____ Two weeks $100 _____One week $50 _____Drop in $15/day
3:15 pm - 5:15 pm

EC4 Boot Camp _____Full Day $300 _____Half Day $150
June 3-14 (two week camp)

Extended Care _____ Two weeks $100 _____One week $50 _____Drop in $15/day
3:15 pm - 5:15 pm

Kindergarten and First Grade _____Full Day $300 _____Half Day $150
June 10-21 (two week camp)

Extended Care _____ Two weeks $100 _____One week $50 _____Drop in $15/day
3:15 pm - 5:15 pm

OFFICE USE ONLY: _____ Cash _____ Check# _____ Credit Card