

Winter Park Presbyterian Preschool Summer Camp Registration Form

Name of Child _____ DOB _____ AGE _____

Parent Name _____ Email _____

Address _____

Phone # _____ Cell Phone # _____

Emergency contact person (other than parent)

Name _____ Phone #'s _____

Ages 2-5 yrs. old

Please enroll my child in the following: Hours are 9am-12 noon

DATES
_____ June 14-18
_____ July 5-9
_____ July 26-30
_____ All Three Sessions

THEMES
“Colors of the Rainbow”
“Fun in the Sun”
“Camp Kindness”

Each session is \$100. If you enroll your child in all three sessions the total fee is \$285 or \$95 per week.

A **non refundable** deposit of \$50.00 **per session** is due at the time your child is enrolled. **This will be applied toward your camp fee with the balance due by the first day of each session.**

My child has the following allergies or special needs _____

Parent Signature _____

Date _____

Total Payment received _____