

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

<u>DATES</u>	<u>THEMES</u>
_____ June 13-17	“Pirate Parade”
_____ July 11-15	“Under the Sea”
_____ August 8-12	“Fantastic Fairy Tales”
_____ All Three Sessions	

Each session is \$115. If you enroll your child in all three sessions the total fee is \$330 or \$110 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 _____