

ROOM TO GROW
SUMMER DAY CAMP (Kindergarten Age thru 12 Years)
ENROLLMENT FORM SUMMER OF 2017

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Child's Street Address _____

How did you hear about Room To Grow? _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Mother's Name _____ Home Phone _____

Mother's Mailing Address (if different than above) _____

Mother's Place of Employment _____ Work Phone _____

Mother's Employment Street Address _____ Cell Phone _____

Father's Name _____ Home Phone _____

Father's Mailing Address (if different than above) _____

Father's Place of Employment _____ Work Phone _____

Father's Employment Street Address _____ Cell Phone _____

PLEASE CHECK OFF THE **WEEKS DESIRED** AND SPECIFY THE **DAYS & HOURS** THAT YOU WISH TO ENROLL YOUR CHILD.

_____ June 26 - June 30 _____

_____ July 03 - July 07 _____ Closed July 4th

_____ July 10 - July 14 _____

_____ July 17 - July 21 _____

_____ July 24 - July 28 _____

_____ July 31 - Aug 04 _____

_____ Aug 07 - Aug 11 _____

_____ Aug 14 - Aug 18 _____

_____ Aug 21 - Aug 25 _____

I understand that a check for \$25.00 (\$30.00 per family) MUST accompany this form and that this fee is nonrefundable.

I realize that all spaces are on a "first come, first served" basis.

I would like my child to be enrolled in the 2017 Summer Camp for the weeks designated above.

_____ **Date**

_____ **Signature of Parent or Legal Guardian**