

Ward Parkway Summer Camp 2018 Registration
Enrollment Begins: March 19 and will conclude when classes fill

Child's Name: _____ Boy _____ Girl _____

Parent's Name: _____

Address (include zip code) _____

Birth Date: _____ Child must be potty trained & born between Summer 2012 - February 2015

Cell Phone: _____ Email: _____

Any Known Allergies: _____ (Please be specific)

Has your child ever been stung by a bee? Y or N Allergic? Y or N

*Each week, there is an "older" class and a "younger" class. Your child will be placed in class based on DOB.

*Please select which weeks you would like your child to attend Summer Camp.

*Please keep in mind that low enrollment in a specific class might lead to cancelation (& refund) of that class.

*Each week of summer camp runs Tuesday - Thursday from 9 am- 1 pm. Please pack a lunch & drink for your child

_____ Week 1: June 5 - 7 What's in the Garden?

_____ Week 2: June 12 - 14 Happy Campers

_____ Week 3: June 19 - 21 Outer Space

_____ Week 4: June 26 - 28 USA

_____ Week 5: July 10 - 12 Under the Sea

_____ Week 6: July 17 - 19 Christmas in July

_____ Week 7: July 24 - 26 Cooking Corner

of weeks _____ @ \$90 / week = _____ + **\$15 enrollment fee/child** Total: _____

Check #: _____ Processed by: _____ Date: _____

"I would like my child to be enrolled in Ward Parkway Summer Camp for 2018. I hereby give my permission for this child to participate in all summer camp activities, in the building and on the grounds around the building. I understand that once my Summer Camp enrollment is processed, there will be NO REFUNDS."

Parent Signature