

Hillsborough Summer Camp - Half Day Program

Registration Form

(Please fill out a separate registration form for each camper)

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Grade (as of 06/12): _____ Sex: M / F

Father's Name: _____ Business Phone: (____) _____

Mother's Name: _____ Business Phone: (____) _____

Emergency contact: (in the event a parent can not be reached)

Name: _____ Relationship: _____

Home Phone: (____) _____ Business Phone: (____) _____

Email: _____

Please Note: By completing this form, I understand and I am responsible for the monies due in full for the weeks and programs I signed up for and there will be no refunds after June 1, 2012.

AM Session 8:30am – 12:00pm PM Session 12:30pm – 4:00pm

Camp days are Monday, Tuesday, Thursday, and Friday. There are no sessions on Wednesday.

Please circle each week and corresponding session attending	1	2	3	4	5	6	7	8	9	Totals Weeks
AM / PM										
Start Dates	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	8/20	_____

Camp Costs

Please circle number of weeks attending	1	2	3	4	5	6	7	8	9	
Prior to 6/1/2012	\$125	\$250	\$375	\$500	\$625	\$750	\$875	\$1,000	\$1,125	_____
After 6/1/2012 add \$25 per week										+ _____

Early Drop off AM 6 am – 8:30 am	Number of weeks _____	X	\$20	_____	+
PM 11:30am – 12:30pm	Number of weeks _____	X	\$20	_____	+
Late Pick-up AM 12:15pm – 1:00 pm*	Number of weeks _____	X	\$25	_____	+
PM 4:15 pm – 6:00 pm	Number of weeks _____	X	\$25	_____	+
Registration (per child)			\$25	_____	+
\$100 non-refundable deposit (for each child due at registration)				_____	-

Balance Due by June 1, 2012: _____ =

*If a child is not picked up by 1:00pm we will place the child in the pm session at a cost of \$50 per hour per child.

By filling out this form I understand that I am obligated to pay the balance due in full and that there are no refunds.

Signature _____