# December Holiday Camp 2021

**Participant Information**

Participant Last Name: _____ Participant First Name: _____

Date of Birth: MM DD YR Age: Sex: M or F

Special Needs: _____

Medication/Allergies: _____

**Parent/Guardian Information**

Last Name: _____ First Name: _____

Address: _____ Apt: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell #: _____

Emergency Contact Name: _____ Phone #: _____

***Email Address:** _____

**Holiday Camp Schedule and Fees**

| | Fees | Mon Dec 20 | Tues Dec 21 | Wed Dec 22 | Thurs Dec 23 | Fri Dec 24 | Mon Dec 27 | Tue Dec 28 | Wed Dec 29 | Thur Dec 30 | Fri Dec 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Before Care (8am - 9am) | $15/hr | | | | | | | | | | |
| After Care (4pm - 6pm) | $15/hr | | | | | N/A | | | | | N/A |
| | | | | | | | | | | | |
| Full Day (9am - 4pm) | $58 | | | | | N/A | | | | | N/A |
| 1/2 Day AM (9am - 12pm) | $40 | | | | | | | | | | |
| 1/2 Day PM (1pm - 4pm) | $40 | | | | | N/A | | | | | N/A |

Credit Card #: _____

Exp Date: _____

CVV: _____

| | |
|---|---|
| SUBTOTAL | |
| HST | |
| **TOTAL** | |

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