



December Holiday Camp 2022

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 26	Tues Dec 27	Wed Dec 28	Thurs Dec 29	Fri Dec 30	Mon Jan 2	Tues Jan 3	Wed Jan 4	Thurs Jan 5	Fri Jan 6
Before Care (8am - 9am)	\$15/hr	N/A					N/A				
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	N/A					N/A				
1/2 Day PM (1pm - 4pm)	\$40	N/A					N/A				

Credit Card #: _____

Exp Date: _____

CVV: _____

SUBTOTAL	
HST	
TOTAL	