



December Holiday Camp 2023

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 25	Tues Dec 26	Wed Dec 27	Thurs Dec 28	Fri Dec 29	Mon Jan 1	Tues Jan 2	Wed Jan 3	Thurs Jan 4	Fri Jan 5
Before Care (8am - 9am)	\$15/hr	N/A	N/A				N/A				
After Care (4pm - 6pm)	\$15/hr	N/A	N/A				N/A				
Full Day (9am - 4pm)	\$58	N/A	N/A				N/A				
1/2 Day AM (9am - 12pm)	\$40	N/A	N/A				N/A				
1/2 Day PM (1pm - 4pm)	\$40	N/A	N/A				N/A				

*No Refunds or Credits

Credit Card #: _____

Exp Date: _____

CVV: _____

SUBTOTAL	
HST	
TOTAL	