



# December Holiday Camp 2024

## Participant Information

Participant Last Name: \_\_\_\_\_ Participant First Name: \_\_\_\_\_

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

Special Needs/Allergies/Medications: \_\_\_\_\_

Notes: \_\_\_\_\_

\*Every child must be fully potty trained to register. This includes communicating when they need to go. No Exceptions.

## 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 23	Tues Dec 24	Wed Dec 25	Thurs Dec 26	Fri Dec 27	Mon Dec 30	Tues Dec 31	Wed Jan 1	Thurs Jan 2	Fri Jan 3
Before Care (8am - 9am)	\$20/hr	N/A	N/A	N/A				N/A		
Before Care (8:30am - 9am)	\$15/hr	N/A	N/A	N/A				N/A		
After Care (4pm - 6pm)	\$15/hr	N/A	N/A	N/A				N/A		
Full Day (9am - 4pm)	\$65	N/A	N/A	N/A				N/A		
1/2 Day AM (9am - 12pm)	\$50	N/A	N/A	N/A				N/A		
1/2 Day PM (1pm - 4pm)	\$50	N/A	N/A	N/A				N/A		

\*No Refunds or Credits. Before care is available upon request only.

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

CVV: \_\_\_\_\_

SUBTOTAL	
HST	
<b>TOTAL</b>	

**Attendance and Ratio Policy:** I understand there is limited availability for PA Day Camp. Payment is required to hold your child's spot in these camps. By withholding registration until the day of camp, I understand the risk of my child not being able to attend.

Signature: \_\_\_\_\_