



December Holiday Camp 2025

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 22	Tues Dec 23	Wed Dec 24	Thurs Dec 25	Fri Dec 26	Mon Dec 29	Tues Dec 30	Wed Dec 31	Thurs Jan 1	Fri Jan 2
Before Care	\$20/hr										
After Care	\$20/hr										
Full Day (9am - 4pm)	\$65										
1/2 Day AM (9am - 12pm)	\$50										
1/2 Day PM (1pm - 4pm)	\$50										

Credit Card #: _____

Exp Date: _____

CVV: _____

SUBTOTAL	
HST	
TOTAL	