



# Tot & Kindergarten Camp REGISTRATION SUMMER 2019

Camper's Name \_\_\_\_\_ Date: \_\_\_\_\_ Member/Guest # \_\_\_\_\_

**Tot Camp:** Campers Age 3-5

Week		M-F /Full Days		M-F /Half Days		Mon, Wed Fri/Full Days		Mon, Wed Fri/half Days		Weekly Cost
		Member	Non Member	Member	Non Member	Member	Non Member	Member	Non Member	
1	July 1-5 (no 7/4)	\$190 <sup>00</sup>	\$222 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
2	July 8-12	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$120 <sup>00</sup>	\$136 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
3	July 15-19	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
4	July 22-26	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
5	July 29-Aug 2	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
6	Aug 5- 9	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
7	Aug 12-16	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
8	Aug 19-23	\$238 <sup>00</sup>	\$277 <sup>00</sup>	\$150 <sup>00</sup>	\$170 <sup>00</sup>	\$149 <sup>00</sup>	\$168 <sup>00</sup>	\$106 <sup>00</sup>	\$116 <sup>00</sup>	
Total										

\*Tuesday/Thursday option available must speak to Camp Director

## Extended Care

Week		AM 7:00-9:00		PM 4:00-7:00		Weekly Cost
		per Week	per Day	per Week	per Day	
1	July 1-5(no 7/4)	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
2	July 8-12	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
3	July 15-19	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
4	July 22-26	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
5	July 29- Aug 2	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
6	Aug 5- 9	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
7	Aug 12-16	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
8	Aug 19-23	\$40 <sup>00</sup>	\$12 <sup>00</sup>	\$45 <sup>00</sup>	\$12 <sup>00</sup>	
Total						

Total		Payment Options	
Day Camp		<input type="checkbox"/>	<b>Payment in Full</b> Payment in full upon registration
Less Discount		<input type="checkbox"/>	<b>Payment Plan</b> Three payments. 1/3 upon registration, 2 <sup>nd</sup> payment May 1 <sup>st</sup> , final payment June 3 <sup>rd</sup> . <i>Must have credit card on file in order to use payment plan.</i>
Extended Care AM			
Extended Care PM			
Total Fees Due			



# Tot & Kindergarten Camp REGISTRATION SUMMER 2019

Camper Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Sportsplex Camper?  yes  no Is camper Sportsplex Member\*  yes  no

Primary Contact (Full name) \_\_\_\_\_ Secondary Contact (Full name) \_\_\_\_\_  
 Father  Mother  Guardian  Father  Mother  Guardian

Address (if different from camper) \_\_\_\_\_ Address (if different from camper) \_\_\_\_\_

Cell \_\_\_\_\_ Work/Daytime# \_\_\_\_\_ Cell \_\_\_\_\_ Work/Daytime# \_\_\_\_\_

\* Camper must be Sportsplex Member to receive member rate.

### Emergency Contacts During Program Hours (9:00AM—4:00PM) Extended Care (7:00–9:00AM/4:00–7:00PM)

The following contacts listed below will be able to pick up your child from camp. **If they are not on this list they will not be able to pick up your child. Primary Contact will receive text message and or email announcing club emergency closings or cancellations.** Please supply all information requested.

Additional Contacts and Authorized pick-up people

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work/Daytime #: \_\_\_\_\_ Cell#: \_\_\_\_\_

I have read and agree to the terms of the **Enrollment Agreement** included in the Camp Brochure.

X

Parent or Guardian Signature

Date