



# Registration for Enrollment at Roots and Wings School Summer Camp 2025

Child's Legal Name: \_\_\_\_\_  
(First) (Last) (Nickname if Applicable)

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: _____ Email: _____ Phone: _____ Address: _____ _____	Parent/Guardian: _____ Email: _____ Phone: _____ Address: _____ _____
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**Camp Hours 9:00am - 3:00pm ... .. \$300/week**

**Extended Early Morning: 7:30am - 9:00am... .. \$15/day**

**Extended After Care: 3:00pm - 4:00pm... .. \$15/day**

**Both AM and PM Care: ..... \$22/day**

**Please Indicate the services your child will need:**

<u>Summer Camp Weeks:</u>	<u>Extended Care</u> (circle all that apply):
<u>Science Week</u> <input type="checkbox"/> Week 1: 6/23/25 - 6/27/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Baking Week</u> <input type="checkbox"/> Week 2: 7/7/25- 7/11/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Theatre Week</u> (Must attend both weeks- Performance on 7/25/25) <input type="checkbox"/> Week 3: 7/14/25 - 7/18/25 (9:00-3:00) <input type="checkbox"/> Week 4: 7/21/25- 7/25/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Olympics Week</u> <input type="checkbox"/> Week 5: 7/28/25- 8/1/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Nature Art Week</u> <input type="checkbox"/> Week 6: 8/4/25- 8/8/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F

**\*\*Registration Fee: \$60.00** (due with submission of camp registration form)

*Fee **MUST** be submitted with application to secure your child's spot or billed to Brightwheel. Checks can be made payable to Roots And Wings School and mailed to PO Box 540 New Boston NH 03070. **Fees are non refundable.***

X \_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

FOR OFFICE USE: Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ or Brightwheel