



SUMMER CAMP 2024

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

Child's DOB: ____/____/____ Age: ____ Gender: ____ Grade in Sept 2024: ____

Child's Home Address: _____

Parent/Guardian (1): _____ (First) (Last) Email: _____ Phone: _____ Address: _____ _____	Parent/Guardian (2): _____ (First) (Last) Email: _____ Phone: _____ Address: _____ _____
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Camp Hours 9:00am - 2:00pm \$280/week

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

Extended After Care: 2:00pm - 4:00pm... .. \$18/day

Please Indicate the services your child will need:

<u>Summer Camp Weeks:</u>	<u>Extended Care</u> <small>(circle all that apply):</small>
<input type="checkbox"/> Week 1: 7/15/24 - 7/19/24 (9:00-2:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (2:00-4:00): M T W Th F
<input type="checkbox"/> Week 2: 7/22/24 - 7/26/24 (9:00-2:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (2:00-4:00): M T W Th F

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

Checks can be made payable to Roots And Wings School or payment can be submitted through Brightwheel if you are a current student. The registration fees are non refundable.

X _____
(Signature) (Date)

FOR OFFICE USE: Amount: _____ Date: _____ Check #: _____ or Brightwheel