

Summer Camp 2017 Registration Form



Parents Name: _____ Childs Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Info: _____

Emergency Contact Relation: _____

Does your child suffer from any allergies or other medical conditions we should know about?

☐ YES ☐ NO If Yes please explain, _____.

Please indicate how many children and which dates you will be dropping them off.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

☐ June 5-9 ☐ June 12-16 ☐ June 19-23 ☐ June 26- 30 ☐ July 3-7 ☐ July 10-14

☐ July 17-21 ☐ July 24-28 ☐ July 31- Aug 4 ☐ Aug 7-11 ☐ Aug 14-18 ☐ Aug 21-25

Daily _____

Method of Payment

9am-2pm \$225 Week (Sibling Discount \$205) **9am-5pm** \$265 Week (Sibling Discount \$245)

9am-2pm \$50 Day— **9am-5pm** \$80 Day

Cash ☐ Card ☐ Check ☐

Print Name: _____ Date: _____

Signature: _____

JPP Use Only

JPP Employee: _____

Payment Received: _____