Connections Gymnastics Summer Camp
Registration Form

1100 ROUTE 130
ROBBINSVILLE (609) 259-8822

PLEASE PRINT

LAST
NAME: _____ FIRST: _____ SEX: ___ BIRTHDATE: _____ AGE: ____

ADDRESS: _____
Street City State Zip

PARENT/GUARDIAN: _____ Mom Cell: _____ Dad cell: _____
EMERGENCY CONTACT: _____ Cell: _____ email: _____

CHOOSE YOUR CAMP SCHEDULE

CAMP BY THE DAY:	CAMP BY THE WEEK:	DISCOUNTS:
½ DAY - $40	½ DAY - $185	ADDITIONAL SIBLINGS 10%
FULL DAY - $60	FULL DAY - $260	*Closed Thur. July 4th & Fri. July 5th

Please circle your week(s). If signing up for 1 to 4 days in any week, please specify date(s) on line. Indicate ½ or full day attendance. A $15 Registration fee is due if not currently enrolled.

WEEK

#1 June 24 - June 28 _____ ½ full
#2 July 1, 2, 3 _____ ½ full*
#3 July 8 - July 12 _____ ½ full
#4 July 15 - July 19 _____ ½ full

WEEK

#5 July 22 - July 26 _____ ½ full
#6 July 29 - August 2 _____ ½ full
#7 August 5 - August 9 _____ ½ full
#8 August 12 - August 16 _____ ½ full
#9 August 19 - August 23 _____ ½ only

Early Drop-Off $6/day 7:30am – 9:00am_____
Additional siblings $1.00/hr. each child

Late Pick-Up $5/hr 3:00pm – 5:30pm_____
Additional siblings $1.00/hr. each child

FOR OFFICE USE ONLY

Week #	Payment Description	Amount Due	Amount Paid	How Paid	Receipt #	Balance
	Reg. Fee	15				