



Summer Camp Registration Form

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Name of School Attended: _____ Grade Next year: _____

Childs T-Shirt size: XS _____ S _____ M _____ L _____ Adult S _____

Mother's Name: _____

Address: _____ City _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____

Father's Name: _____

Address: _____ City _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____

The following people may pick up my child: _____

Program Type: Summer Camp

Duration of Agreement: _____ Weeks

Initial Payment: \$ _____ Type: ___ Cash ___ Check ___ Credit Card

Tuition: \$ _____ per week

Deduction beginning on _____

There will be a \$30.00 service charge for any returned check. If payment is not received for any reason, we cannot provide service until payment is made and a late fee of \$5.00 per week will be added. NO REFUNDS.

Buyer's Signature: _____ Date _____

Registrar's

Signature: _____ Date _____

Notice: Should you (the buyer) choose to pay for more than one billing cycle of this agreement in advance, be aware that you are paying for future services and may be risking loss of your money in the event this business location ceases to operate. This facility is not required by Florida law to provide any security, and there may not be other protections provided to you should you choose to pay in advance. Do not sign this contract before you read the writing on the reverse side even if otherwise advised. Do not sign this if it contains any blank spaces.

(SEE REVERSE SIDE FOR ADDITIONAL PROVISIONS, TERMS AND CONDITIONS)