

TRINITY SUMMER CAMP PRE-SCHOOL REGISTRATION FORM 2012

(Separate form for each camper)

Camper Information:

Camper's Name: _____
 Address: _____
 Date of Birth: _____ Age on June 11, 2012: _____ School or Day Care Facility: _____

Parent Information:

1st Parent/Guardian: _____ 2nd Parent/Guardian: _____
 Relationship: _____ Relationship: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email: _____ Email: _____

Camp selection: (please circle each program you are enrolling in)

Full Day: 9AM – 3:30 PM \$250/wk Half Day: 9AM – 1 PM \$175/wk

<u>Camp Name/Week</u>	<u>Select One</u>	<u>Before Care</u>	<u>After Care</u>	<u>Total Weekly Cost</u>
Every Day is Different June 11 – June 15	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.00	\$ _____
Superheroes June 18 – June 22	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.00	\$ _____
Land of Make Believe June 25 – June 29	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.00	\$ _____
Happy Holidays July 2 – July 6 (off Wed)	Full Day - \$200 Half Day -\$150	7:00-9:00 AM \$44.00	3:30 – 6:00 PM \$60.00	\$ _____
Oh, The Places We Will Go July 9 – July 13	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.0 0	\$ _____
Back In The Day July 16 – July 20	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.00	\$ _____
Across The USA July 23 – July 27	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.00	\$ _____
MAD (Music/Art/Drama) July 30 – Aug 3	Full Day - \$250 Half Day -\$175	7:00-9:00 AM \$55.00	3:30 – 6:00 PM \$75.00	\$ _____

TOTAL COST FOR ALL WEEKS (Add up all 8 total weekly costs) \$ _____
 EARLY PAYMENT DISCOUNT (**deduct 5% if paying in FULL BY 3/15/2012**) \$ _____
 REGISTRATION FEE PER CHILD (non-refundable) \$ 50.00
 TOTAL COST OF CAMP DUE TRINITY SUMMER CAMP \$ _____
 DEPOSIT – \$250.00 TO RESERVE SPOT UNTIL 5/1/2012 (early payment discount does not apply) \$ _____
FULL BALANCE DUE BY 5/1/2012 \$ _____

PAYMENT INFORMATION:

CHECK ENCLOSED (returned check fee \$30) or CREDIT CARD (FILL OUT INFORMATION) VISA MC DISCOVER
 Name on Account: _____ Amount: _____
 Account Number: _____ Expiration Date: _____

1. Mail completed forms to Trinity Summer Camp, 4985 Ilchester Rd, Ellicott City, MD 21043 or fax to 410-744-3617.
2. Refunds will be issued if request is received by 5/1/2012. (\$50 registration fee is non-refundable)
3. Late Registration Fee of \$50 may be applied when registering less than 2 weeks prior to beginning of camp session.
4. Contact the Director with questions: Sally Sweeney, 443-498-5093 or ssweeney@trinityschoolmd.org.