

TRINITY SUMMER CAMP 2012 REGISTRATION FORM

(one per camper, please make additional copies for siblings)

Camper's Name: _____	How did you hear about us: _____
Grade entering in Fall: _____ School: _____	Date of Birth: _____ Age on June 11, 2012 _____
Camper's Address: _____	

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

~Email used to confirm receipt of registration and parent communication **ONLY**~

CAMP SELECTIONS

Regular Camp Hours: 9-3:30 ~ Before Care: 7-9 AM ~ After Care: 3:30 –6 PM

WEEK# DATES	Check Box	NAME OF CAMP Day / Sport / Teen	Camp Cost Per Week	Before Care \$55.00/wk	After Care \$75.00/wk	Weekly Cost Total
Week 1 6/11-6/15			\$235.00			
Week 2 6/18-6/22			\$235.00			
Week 3 6/25-6/29			\$235.00			
Week 4 7/2-7/6			\$190.00	\$44.00	\$60.00	
Week 5 7/9-7/13			\$235.00			
Week 6 7/16-7/20			\$235.00			
Week 7 7/23-7/27		Teen Camp \$25 Supply Fee	\$235.00			
Week 8 7/30-8/3			\$235.00			
Week 9 8/6-8/10			\$235.00			

TOTAL COST FOR ALL WEEKS (Add up all 9 weekly cost totals)	
LESS 5% SIBLING DISCOUNT ON TOTAL COST (1 ST CHILD ATTENDING MOST WEEKS IS FULL PRICE)	
LESS 5% EARLY REGISTRATION RATE ON TOTAL COST (IF PAYING IN FULL BY 3/15/2012)	
PLUS \$50.00 REGISTRATION FEE PER CHILD	\$50.00
TOTAL COST DUE TRINITY SUMMER CAMP	
DEPOSIT – MINIMUM OF \$250.00 TO RESERVE A SPOT UNTIL 5/1/2012	
FULL BALANCE DUE BY 5/1/2012	

PAYMENT INFORMATION:

CHECK ENCLOSED or CREDIT CARD (FILL OUT INFORMATION BELOW)

CARDS ACCEPTED: 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.
5. Fee for returned checks is \$30.00.