

TRINITY SUMMER CAMP 2010 REGISTRATION FORM

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

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|---|---|
| Camper's Name: _____ | How did you hear about us: _____ |
| Grade entering in Fall: _____ School: _____ | Date of Birth: _____ Age on June 14, 2010 _____ |
| 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 \$70.00/wk | Weekly Cost Total |
|---------------------|--------------|------------------------------------|-----------------------|---------------------------|--------------------------|----------------------|
| Week 1 6/14-6/18 | | | \$230.00 | | | |
| Week 2 6/21-6/25 | | | \$230.00 | | | |
| Week 3 6/28-7/2 | | | \$230.00 | | | |
| Week 4 7/6-7/9 | | | \$185.00 | \$44.00 | \$56.00 | |
| Week 5 7/12-7/16 | | | \$230.00 | | | |
| Week 6 7/19-7/23 | | | \$230.00 | | | |
| Week 7 7/26-7/30 | | | \$230.00 | | | |
| Week 8 8/2-8/6 | | Teen Camp \$25 Supply Fee | \$230.00 | | | |
| Week 9 8/9-8/13 | | | \$230.00 | | | |

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| TOTAL COST FOR ALL WEEKS (Add up all 9 weekly totals) | |
| LESS 5% SIBLING DISCOUNT ON TOTAL COST (IF APPLICABLE, 1 ST CHILD IS FULL PRICE) | |
| LESS 5% EARLY REGISTRATION RATE ON TOTAL COST (IF PAYING IN FULL BY 3/15/2010) | |
| 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 5/1/2010 | |
| BALANCE DUE BY 5/1/2010 | |

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 4/15/2010. (\$50 registration fee is non-refundable)
3. One change will be granted per availability; After 1st change a fee of \$25 will apply for additional changes made.
4. Contact the Director with questions: Sally Sweeney, 443-498-5093 or ssweeney@trinityschoolmd.org.
5. Fee for returned checks is \$30.00.