



3459 Shiloh Road  
Hampstead, MD 21074

SUMMER CAMP ENROLLMENT APPLICATION

Form must be returned with a non-refundable \$75 registration fee for new students or \$75 deposit for current students

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/20\_\_\_ Grade in Fall \_\_\_

Parent's Name(s) \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Child's Shirt Size: Youth S \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ Adult S \_\_\_

Address (with city and state): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**NON-Refundable**-Deposit for Returning/Registration fee for new \$75 \_\_\_

Parents: \_\_\_ Single \_\_\_ Married \_\_\_ Domestic Partners \_\_\_ Separated \_\_\_ Divorced

Child is in custody of: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

**Enrollment Preference covers all hours of operation 6:30am-6pm:**

Check One:

- School Age (5-12 year olds) 5 Days fee \$225.00/Week
- School Age (5-12 year olds) 4 Days fee \$190.00/Week M T W TH F
- School Age (5-12 year olds) 3 Days fee \$165.00/Week M T W TH F
  - ❖ Discounts: 10% off second child Full time \*lowest tuition- see director
  - ❖ Payment is due the FRIDAY PRIOR TO THE WEEK OF CARE
  - ❖ Payment: check, money order, credit/debit card, automatic payment plan
  - ❖ Late payment: \$20/day. Care is suspended one week past due

Please check next to the weeks your child will attend camp:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-Camp June 16-18    | <input type="checkbox"/> Week 6 July 26-30     |
| <input type="checkbox"/> Week 1 June 21-25      | <input type="checkbox"/> Week 7 Aug. 2-6       |
| <input type="checkbox"/> Week 2 June 28- July 2 | <input type="checkbox"/> Week 8 Aug. 9-13      |
| <input type="checkbox"/> Week 3 July 6- 9       | <input type="checkbox"/> Week 9 Aug. 16-20     |
| <input type="checkbox"/> Week 4 July 12-16      | <input type="checkbox"/> Week 10 Aug. 23-27    |
| <input type="checkbox"/> Week 5 July 19-23      | <input type="checkbox"/> Week 11 Aug. 30-Sept. |

I was referred to the camp by: \_\_\_\_\_

To the best of my knowledge I have completed the above information in a true and accurate manner and I further agree to the following terms:

1. The application will become part of the child care agreement
2. If my child does not start the registration fee is forfeited

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Little Feet use only

Date App Rcvd: \_\_\_/\_\_\_/20\_\_\_ Amount Received: \$ \_\_\_ Rcvd by: \_\_\_\_\_ Logged: \_\_\_\_\_