



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___

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 \$220/Week
- School Age (5-12 year olds) 4 Days fee \$187/Week
- School Age (5-12 year olds) 3 Days fee \$162/Week
 - ❖ 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"/> Week 1 June 22-26 | <input type="checkbox"/> Week 7 Aug. 3-7 |
| <input type="checkbox"/> Week 2 June 29- July 3 | <input type="checkbox"/> Week 8 Aug. 10-14 |
| <input type="checkbox"/> Week 3 July 6- 10 | <input type="checkbox"/> Week 9 Aug. 17-21 |
| <input type="checkbox"/> Week 4 July 13-17 | <input type="checkbox"/> Week 10 Aug. 24-28 |
| <input type="checkbox"/> Week 5 July 20-24 | <input type="checkbox"/> Week 11 Aug. 31-Sept. 4 |
| <input type="checkbox"/> Week 6 July 27-31 | |

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: _____