

## **DAY CAMP EXTENSION REGISTRATION FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
(day) \_\_\_\_\_ (cell or work)  
Telephone Numbers

Email: \_\_\_\_\_

Which Week/Weeks Needed: \_\_\_\_\_

*(Week 1: August 4-August 8*

*(August 11-August 15)*

Times Needed: \_\_\_\_\_

**9-2**  
**(\$85.00/wk)**

**8:30-5**  
**(\$100.00/wk)**

**7:30-6**  
**(\$110.00/wk)**

I am aware of the inherent dangers of the program being registered for and warrant that my child is in good physical condition. I understand that no medical insurance is included in part of this program and agree not to hold the TOWN OF VAN BUREN liable for any injury arising out of the participation of this program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
**Office Use Only** \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Total Amount \_\_\_\_\_ Receipt Number \_\_\_\_\_ Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ CVS # \_\_\_\_\_ EXP DATE \_\_\_\_\_

**A user fee of 3.20%, of your total transaction, will be added. We accept Visa, Mastercard and Discover**  
**(There is a minimum of \$2.00 charge to use the card)**

**MAKE CHECKS PAYABLE TO: TOWN OF VAN BUREN**