

DAY CAMP EXTENSION REGISTRATION FORM

Name Age

Address

(day) _____ (cell or work)
Telephone Numbers

Email: _____

Which Week/Weeks Needed: _____

(Week 1: August 3-August 7)

(Week 2: August 10-August 14)

Times Needed: _____

9-2
(\$95.00/wk)

8:30-5
(\$110.00/wk)

7:30-6
(\$120.00/wk)

Week 3: August 17-August 21

There will only be two options this week: 8:30am-5:00pm and 7:30am-6:00pm. We will only be able to accommodate 40 kids for week three. The pool will be open.

8:30-5
(\$110.00)

7:30-6
(\$120.00)

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**