



## 2017 REGISTRATION FORM

Office: P.O. Box 420 ~ Agoura Hills, CA 91376-0420 ~ (818) 706-7335

**Online Registration is Also Available at [WWW.CAMPSUMMERTIME.COM](http://WWW.CAMPSUMMERTIME.COM)**

**DISCOUNT RATES (paying by cash or check): PROVIDING YOUR OWN TRANSPORTATION (mc/visa add 3% to discount rates below)**

10 DAY MINIMUM ENROLLMENT	Days per week	WEEKLY RATE Pay in full by February 28	WEEKLY RATE Regular Rate due by May 20
	2	\$206	\$226
	3	\$309	\$339
	4	\$412	\$452
	5	\$515	\$565

**Camp Hours 9:30-3:30 Extended care 7:30-9:30 and 3:30-5:00 ( additional cost for extended care)**

**DISCOUNT RATES(paying by cash or check): INCLUDING TRANSPORTATION(mc/visa add 3% to discount rates below)**

10 DAY MINIMUM ENROLLMENT	Days per week	WEEKLY RATE Pay in full by February 28	WEEKLY RATE Regular Rate due by May 20
	2	\$224	\$246
	3	\$336	\$369
	4	\$448	\$492
	5	\$560	\$615

**Bus Pick-Up/Drop-Off Times – 8:30 am to 9:20 am & 3:45 pm to 4:30 pm**

Please enroll my Boy\_\_\_\_ Girl\_\_\_\_ for the session and days checked below.

years/months June 2017

**CAMPER** Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_/\_\_\_\_

Grade (Sept. 2017) \_\_\_\_\_ School \_\_\_\_\_ If possible please group with \_\_\_\_\_

**\*MUST ENROLL FOR A MINIMUM OF 10 DAYS**

- |  |  |
|--|--|
| <input type="checkbox"/> Session #1a June 19- June 23 circle days: M T W TH F  | <input type="checkbox"/> Session #2a July 24 - July 28 circle days: M T W TH F |
| <input type="checkbox"/> Session #1b June 26 – June 30 circle days: M T W TH F | <input type="checkbox"/> Session #2b July 31 - Aug 4 circle days: M T W TH F   |
| <input type="checkbox"/> Session #1c July 3 – July 7 circle days: M W TH F     | <input type="checkbox"/> Session #2c Aug 7 - Aug 11 circle days: M T W TH F    |
| <input type="checkbox"/> Session #1d July 10 – July 14 circle days: M T W TH F | <input type="checkbox"/> Session #2d Aug 14 - Aug 18 circle days: M T W TH F   |
| <input type="checkbox"/> Session #1e July 17 – July 21 circle days: M T W TH F |  |

Transportation Needed: yes no Bus Stop Location \_\_\_\_\_ Extended Care Needed: a.m.7:30-9:30 p.m.3:30-5:00 (additional fee)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Mother \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Please indicate how you heard about us:  School  ACA Directory  Camp Fair  Direct Mail  Acorn  Parent Magazine

Personal referral (name) \_\_\_\_\_ Other \_\_\_\_\_

**\$200 DEPOSIT PER CAMPER IS DUE WITH THIS REGISTRATION FORM**

BY SIGNING BELOW, PARENT/GUARDIAN AGREES TO ALL CONDITIONS OF ENROLLMENT POSTED AT [WWW.CAMPSUMMERTIME.COM](http://WWW.CAMPSUMMERTIME.COM)

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_