



Waitlist Form

Child's Name: _____ DOB: _____
First Middle Surname dd/mm/yyyy

Gender: M _____ F _____

LEGAL GUARDIAN(S)

Name: _____ Relationship: _____

Phone: (home) _____ (work) _____ (cell/pager) _____

E-Mail Address: _____

Name: _____ Relationship: _____

Phone: (home) _____ (work) _____ (cell/pager) _____

E-Mail Address: _____

Child born in: 2015 2016 2017

Please check your camp preference:

Program	Dates & Time	Cost
Week 1 (Art & Science)	<input type="checkbox"/> August 6 th – 9 th (9:00am – 12:30pm)	\$80
Week 2 (Music & Movement)	<input type="checkbox"/> August 12 th – 16 th (9:00am – 12:30pm)	\$100
Week 3 (Outdoor Adventure)	<input type="checkbox"/> August 19 th – 23 rd (9:00am – 12:30pm)	\$100