



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 (Science)	<input type="checkbox"/> August 4 th – 7 th (9:00am – 12:30pm)	\$80
Week 2 (Art)	<input type="checkbox"/> August 10 th – 13 th (9:00am – 12:30pm)	\$100
Week 3 (Music & Movement)	<input type="checkbox"/> August 17 th – 21 st (9:00am – 12:30pm)	\$100
Week 4 (Outdoor Adventure)	<input type="checkbox"/> August 24 th – 28 st (9:00am – 12:30pm)	\$100