

## Doc's Summer Day Camp Application/Registration June 9 – August 15, 2025

Name of child		D.O.B		<del></del>	
Age C	ircle last grade com	pleted (2024-2025 school y	vear) K, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3	3 <sup>rd</sup> , 4 <sup>th</sup> , 5th	
Address					
	treet		State	Zip	
Parent/Guardian Name		Phone	Email		
submitted no later field trips as well as	than April 1st). We special rink activi	lue at the time applicatio will be charging a \$200 s ties. Part-time campers we the days/weeks enrolled refundable once the appl	ummer activity will pay a prora	y fee. This fee ited activity f	e will cover
Part-time/Ful Weeks A Part-time/Dai	nmer Day Camp \$200  I Week (less than 8 vectors)  ttending  ly (3 or less days per	0/week (8 weeks or more) weeks) \$210/week. r week) \$65/day *must be	same day(s) eac	ch week (circle	e) M T W T F
Start date	End date	Vacation/Abse	ent		
Daily Drop off time					
* 5% tuition only disc * Weekly payments ar * Payments can be ma I agree by signi Summer Day Camp. I	ount if entire summe e due on Fridays, for de online or in perso ing below to allow m also give my permiss	after the first (full time camer paid before or during the the next week of camp.  on. Payments can be made any child to participate in all sion to have my child treate not hold liable Doc's Family	e first week of ca with check, cash activities and fi ed by a medical	n, or credit car eld trips provi facility and/oi	ided by Doc's r doctor in
must submit a writter	letter of cancellatio	the facility and/or employen 5 days prior to ending my	y agreement.		
Signature_		Circle child's T-shirt size	Date		<del></del>
		Circle child's T-shirt size	:		

Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL