

Doc's Summer Day Camp Application/Registration June 8 – August 14, 2026

Name of child		D.O.B	D.O.B		
Age	Circle last grade co	npleted (2025-2026 sc	chool year) K,	1 st , 2 nd , 3 rd , 4 th , 5	th
Address					
	Street	City	State	Zip	
Parent/G	uardian Name	Phone		Email	
I would like to erFull-timePart-timePart-time	*Fees/tuition is not aroll my child in: *Summer Day Camp \$2 *Full Week (less than 8) *Eks Attending	due at the time applice will be charging a \$vities. Part-time campethe days/weeks enrot refundable once the 3 weeks or raweeks) \$210/week.	200 summer pers will pay rolled. e application more)	r activity fee. The activity approvated activity is turned in.* ay(s) each week	his fee will cover ivity fee based on
	_				-
Start date	End date	Vacation Daily Pick	/Absent		
* A discount will * 5% tuition only * Weekly paymen	be given for each siblin discount if entire sum ts are due on Fridays, f	g after the first (full tim mer paid before or duri or the next week of can rson. Payments can be r	ne campers or ing the first w	nly). reek of camp.	
Summer Day Cam the event of an en injury/incident o	ip. I also give my perm nergency. I also agree t ccurring while in care o	my child to participate ission to have my child to not hold liable Doc's of the facility and/or endion 5 days prior to endi	treated by a : Family Fun C nployees. I ui	medical facility a enter and/or em nderstand to can	nd/or doctor in ployees for
Signat	ure	Circle child's T.shir	Date		
		Circle child's T chir	t cizo.		

Circle child's T-shirt size:

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