



Doc's Summer Day Camp Application/Registration
Summer Camp 2021
June 7 – August 20

Name of child _____ D.O.B. _____
Age _____ Last grade completed (2020/2021 school year) _____
Address _____
Street City State Zip

First Emergency contact Name _____ Phone _____
*Additional Emergency Contact and pick up persons are listed on the "Emergency Contact Parental Consent Form"

A one time registration fee of \$25 is due at the time application is submitted (Early Bird fee of \$15 if submitted no later than April 1st). We will be charging a \$15 per week field trip fee for weeks when/if we will be able to go on a field trip.

I would like to enroll my child in your
_____ Full time Summer Day Camp \$185 p/week (9 weeks or more)
_____ Part time (less than 4 days per week) \$60 p/day * must be same days (circle) M T W T F
_____ Part time (less than 9 weeks) \$195 p/week Please indicate which week (s) your child will be participating. _____

Start date _____ End date _____ Vacation/Absent _____
Daily Drop off time _____ Daily Pick up time _____

*A discount will be given for each sibling after the first.
*5% discount if entire summer paid before or during the first week of camp.
*Weekly payments are due Mondays each week
Payments can be made with check, cash, or credit card.

I agree by signing below to allow my child to participate in all activities and field trips provided by Doc's Summer Day Camp. I also give my permission to have my child treated by a medical facility and/or doctor in the event of an emergency. I also agree to not hold liable Doc's Family Fun Center and/or employees for injury/incident occurring while in care of the facility and/or employees. I understand to cancel my agreement I must submit a written letter of cancellation 5 days prior to ending my agreement.

Signature _____ Date _____
Print name _____
Email: _____ T-shirt size: _____
Add. Email: _____