

Doc's Summer Day Camp Application/Registration

Summer Camp 2022

June 6 – August 12 (possibly adding the week of August 15)

Name of child	D.O.B Last grade completed (2021/2022 school year)			
Age	Last grade co	mpleted (2021/2022	2 school year)	
Address			State	
Street		City	State	Zip
First Emergency contact N	Name		Phone	
*Additional Emergenc	y Contact and pick	up persons are listed	l on the "Emerge	ncy Contact
Parental Consent Form*	1		J	•
A one time registration if fee of \$15 if submitted in activity fee. This fee will campers will pay a prora	o later than April l cover field trips a	1st). We will be char as well as special ri	rging a \$200 su nk activities. P	mmer
I would like to enroll my ofFull time Summer Part time (less thatPart time (less that will be participating	r Day Camp \$200 p, an 4 days per week) an 9 weeks) \$210 p,	\$65 p/day * must bo /week Please indicat	e same days (circ e which week (s	-
Start date	End date	Vacation/A	bsent	
Start date Daily Drop off time		Daily Pick up	time	
*A discount will be given i				
*5% tuition only discount *Weekly payments are du Payments can be made wi	ie Mondays each we	eek. Payments made		-
I agree by signing be provided by Doc's Summe medical facility and/or do Family Fun Center and/or and/or employees. I under cancellation 5 days prior to	er Day Camp. I also octor in the event of employees for injuerstand to cancel my	give my permission f an emergency. I also ry/incident occurrin y agreement I must s	to have my child o agree to not ho ng while in care o	treated by a old liable Doc's of the facility
Signature		Date	·	
Print name				
Email:		T-shir	t size:	
Add. Email:				