

Doc's Summer Day Camp Application/Registration Summer Camp 2024 June 10 – August 16

Name of child		D.O.B			
Age Circle las	t grade compl	eted (2023-2024 school	year) K, 1 st , 2 nd , 3	3 rd , 4 th , 5th	
Address					
Street		City	State	Zip	
Parent/Guardian Name		Phone	Email		
A one-time registration fe submitted no later than Ap field trips as well as special *Fees/tu	oril 1 st). We w rink activiti t	vill be charging a \$200 s	summer activity will pay a prora l.	fee. This factivity	fee will cover
Part-time/Daily (3 or	y Camp \$200, less than 8 w 5 less days per	eeks) \$210/week.	e same day(s) ea		cle) M T W T F
Start date En	d date	Vacation/Abs	ent		
Start date En Daily Drop off time		Daily Pick up t	ime		
Summer Day Camp. I also give	ntire summer Fridays, for t e or in persor w to allow my e my permissi	paid before or during the next week of camp. Payments can be made child to participate in all on to have my child treat	with check, cash activities and fi ed by a medical	a, or credit can eld trips pro facility and/	ovided by Doc's or doctor in
the event of an emergency. I a injury/incident occurring whi must submit a written letter o	le in care of th	ne facility and/or employ	ees. I understan		
Signature			Date		
	C	Circle child's T-shirt size	:		

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