

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Barcode or Home Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

★ Please **INITIAL & CIRCLE** each day your child will be attending Summer iCamp.

★ Registrants can sign-up for 5, 3 or 2 day options (8:00am-1:00pm daily) Ages 6-10 (1<sup>st</sup>-4<sup>th</sup> Grade)

★ Craft Camp is \$22 per day, \$110 per week; ★ Science Camp is \$22 per day, \$110 per week;

★ Sports & Games Camp is \$20 a day, \$100 per week

Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Payment
<b>June 24 – June 28</b>	Science  Sports & Games	Science  Sports & Game	Science  Sports & Game	Science  Sports & Game	Science  Sports & Game	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>July 1 – July 5</b>	Craft  Science	Craft  Science	Craft  Science	<b>CLOSED</b>	Craft  Science	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>July 8 – July 12</b>	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>July 15 – July 19</b>	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>July 22 – July 26</b>	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>July 29 - Aug 2</b>	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>Aug 5 - Aug 11</b>	Craft  Science	Craft  Science	Craft  Science	Craft  Science	Craft  Science	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>Aug 12 - Aug 16</b>	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>Aug 19 - Aug 23</b>	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Science  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____
<b>Aug 26 - Aug 30</b>	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Craft  Sports & Games	Date Paid: ____/____/____ Receipt #: _____ \$: _____ Int.: _____

**PLEASE READ AND SIGN THIS STATEMENT:**

I have read the information provided in the iCamp handouts and agree to abide by those guidelines.

I understand that I will be required to pay for the above checked days of camp unless cancelled with Director. I understand, after payment, that there are **no full refunds, credits or substitutions due to illness or absence unless cancelled 10 days in advance.** Registration cancellations (after payment) made within 10 days will be processed for 50% of the fees unless otherwise noted. NO refunds once camp begins.

Deposit of FIRST and LAST week must be received in order to secure camp registration. ALL weekly payments must be made by the Monday, at 6pm, prior (one week before) to that week\*. Initial \_\_\_\_\_\*If payment is not received by this time you will lose your registration for that week. Requests for changes to registration will be subject to availability.

\_\_\_\_\_  
Parent / Guardian Name

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials