

FOOTPRINTS SUMMER DAY CAMP 2024

REGISTRATION FORM

Name of Camper(s)

Camper #1:

Last Name _____ First Name _____

Age _____ Birthdate (dd/mm/yyyy) _____ Male _____ Female _____

Camper #2:

Last Name _____ First Name _____

Age _____ Birthdate (dd/mm/yyyy) _____ Male _____ Female _____

Family Information

Parent (s) or Guardian (s) _____

Address _____

City _____ Postal Code _____

Contact Phone Number(s) _____

Email Address _____

Camp Sessions

Please specify if you require after hours care. You may book just am or pm at half the rate.

After Hours Care

Session One - July 2 - 12 _____ _____

Session Two - July 15 - 26 _____ _____

Session Three - July 29 - Aug. 9 _____ _____

Session Four - Aug. 12 - 23 _____ _____

A reminder that registration will not be processed without payment. You may pay the \$25 deposit per session and the balance by May 31 for the early rate or on the first day of your session at the rate specified after May 31.