

Grace Summer Camp Enrollment Form

(1 per family)

(Space is limited to 25 campers)

Child/ren name(s): _____

Grade entering in fall: _____

Grade entering in fall: _____

Grade entering in fall: _____

Weeks attending (please check all that are needed)

___ June 6

___ June 13

___ June 20

___ June 27

___ July 5

___ July 11

___ July 18

___ July 25

___ Aug. 1

___ Aug. 8

___ Aug. 15

- Discounted cost for all 11 weeks is \$1300 to be paid in full by June 6.
- Weekly cost is \$175 to be paid at the beginning of each week attending. This would be the better price if you needed 7 weeks or less.

A \$50 non-refundable deposit is required at the time of registration. Your deposit will be applied to your summer camp balance.

Parent's email: _____ Cell: _____

Parent's name (printed): _____

Parent's signature: _____ Date: _____

Date paid: _____ Amount: _____ Check # / Cash _____

Date paid: _____ Amount: _____ Check # / Cash _____

Date paid: _____ Amount: _____ Check # / Cash _____

Date paid: _____ Amount: _____ Check # / Cash _____