

Harvest Time Child Development Center Summer Camp Registration Form

CHILD'S NAME: _____
(Last) (First) (Middle)

(S.S. #) (Sex) (Age) (Birthday)

CHILD LIVES WITH: _____

Parents/Guardians

FATHER'S FULL NAME: _____

HOME ADDRESS: _____
(Street) (City) (Zip)

PHONES: _____
(Home) (Work) (Cell)

MOTHER'S FULL NAME: _____

HOME ADDRESS: _____
(Street) (City) (Zip)

PHONES: _____
(Home) (Work) (Cell)

Alternate Caregivers:

List two (2) friends or relatives who will assume care of your child in your absence:

(Name of Person 1) (Address)

(Home Phone) (Work Phone) (Cell Phone)

(Name of Person 2) (Address)

(Home Phone) (Work Phone) (Cell Phone)

Registration Fee: \$35 (for new children only) • Weekly Fee: \$130 • Daily Fee: \$30 • Fees include activities, snacks, and lunch. • All fees are paid in advance whether monthly, weekly, or daily. Children will not be permitted to attend on Tuesday of a given week, if their fees are not paid by the end of the business day on Monday.

(Signature of Parent/Guardian) (Date)

FOR OFFICE USE ONLY:

Registration Fee: _____ Daily Fee: _____ Weekly Fee: _____

Starting Date: _____ Tote Bag: _____ T-Shirt: _____ Other: _____