

Summer Day Camp

2017 Registration Form



BOYS & GIRLS CLUBS
OF SOUTH PUGET SOUND

Name of Member(s)

Grade Completed
June 2017

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE NOTE:

ALL OUTSTANDING ACCOUNT BALANCES MUST BE PAID PRIOR TO YOUR CHILD'S SUMMER ATTENDANCE.

Please check with the Club if you have any questions on your child's account status.

Please circle which weeks your child will attend (best estimate):

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
June 26-30	July 3-7 <small>(closed July 4)</small>	July 10-14	July 17-21	July 24-28	July 31 - August 4	August 7-11	August 14-18

Please Initial

_____ I agree to pay the weekly fee prior to the first day of each week my child attends.
*If my child attends on a "drop-in" basis, I agree to pay each day that they attend.

_____ I understand that field trips will be filled on a first come, first serve basis. In order to get my child's name on the list, the field trip must be paid for in full. Most field trips will have a separate fee, ranging \$10-\$30. T-shirts are required for all Field Trips (\$8 each)

_____ I understand the late pick-up fee is \$5 for every 10 minutes after 6pm (per child).

_____ I have read and understand the Club's Membership Policies (including refund, discipline and late pick-up rules).

Primary Parent/Guardian _____

Phone (daytime) _____ (evening) _____

E-mail _____

FOR OFFICE USE ONLY

Weekly Payment Amount \$ _____	Referred by: Individual / Business / Advertisement / Other (Please list as specific as possible)
Fee Reduction Request? Y / N _____	_____
Membership Form Y/ N _____	_____
Notes: _____	Staff: _____