

PCA Summer Camp Registration Form

**No refund or credit for absent days. Written notice required for all withdrawals
& Administrative fee of \$50 charged. \$25 non-refundable registration fee
\$30 returned check fee**

Please Print

Child's Name: _____ Birthdate: _____ Age: _____ Gender: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian Information
Name: _____
Home# _____
Work# _____
Cell# _____
Email: _____

Parent/Guardian Information
Name: _____
Home# _____
Work# _____
Cell# _____
Email: _____

Parent/Guardian Signature: _____ Date: _____

Camp Session (Grades 1-6)	
Please circle weeks desired*:	Please Indicate hours needed**:
Week 1 (June 9-13)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 2 (June 16-20)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 3 (June 23-27)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 4 (June 30-July 3***)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 5 (July 7-11)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 6 (July 14-18)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 7 (July 21-25)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 8 (July 28-August 1)	Before Care Hours Needed: _____
	After Care Hours Needed: _____
Week 9 (August 4-8)	Before Care Hours Needed: _____
	After Care Hours Needed: _____

*Partial weeks or missed weeks will be discounted - ask for special pricing
 **Before Care Hours Open from 7-8:30, After Care Hours from 1:00-6:00 pm
 ***We are closed for the July 4th holiday