

# Spring Break Day Camp Registration Form

(Please make a copy of this form for each camper attending)

**Camp Hours:** 8:30 a.m. - 4:00 p.m.  
*Before Care:* 8:00 - 8:30 a.m. - \$10  
*After Care:* 4:00 - 4:30 p.m. - \$10  
**Daily Rate: \$34 per child**  
*No discounts or refunds.*

Camper \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

1. Check off each day your child will be attending camp. \$34 per day.
  2. If you are in need of Before Care (BC) or After Care (AC), please circle each needed on the appropriate days. \$10 per session.
  3. Add the registration fee plus costs for Before Care or After Care and enter the Total Due. (Before and After Care must be prepaid.)
  4. Full payment is due upon registration. Registration fees are non-refundable. Sorry, no exceptions. No-shows on registered days will not receive refund or credit.
- HEALTH/PERMISSION SLIP & AGREEMENT TO PARTICIPATE Forms must be turned in with registration. All days subject to cancellation in the event of low registration.*

| DATE     | ATTENDING<br>\$34 per day | Before Care/<br>After Care<br>(\$10 each) | TOTAL DUE<br>(Day fee +<br>BC/AC fee) |
|----------|---------------------------|---|---------------------------------------|
| April 9  |                           | BC    AC                                  |                                       |
| April 10 |                           | BC    AC                                  |                                       |
| April 11 |                           | BC    AC                                  |                                       |
| April 12 |                           | BC    AC                                  |                                       |
| April 13 |                           | BC    AC                                  |                                       |
|          |                           | <b>TOTAL DUE</b>                          |                                       |

Type of payment: Check  Money Order  Visa  MasterCard

**Please make Check or Money Order payable to : Howell Conference & Nature Center**

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC Code (on back of card) \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

I have read and agree to policies and procedures including tuition terms and refund policies (signature) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_