

Date Received: \_\_\_\_\_

Home School: \_\_\_\_\_

# ROSEDALE EDC SUMMER WILD ADVENTURES CAMP REGISTRATION FORM

## Session 1- June 1st-July 2nd

(Weekly Field trip cost included in tuition)

Full Day 7:00-5:30 \$760.00

Half Day 7:00-12:15 \$400.00

Half Day 12:15-5:30 \$360.00 (no field trips)

## Session 2- July 6th-31st

(Weekly Field trip cost included in tuition)

Full Day 7:00-5:30 \$630.00

Half Day 7:00-12:15 \$330.00

Half Day 12:15-5:30 \$300.00 (no field trips)

**Community Connection accepted**

**Drop In Pass - 5 days -\$150.00**

with field trips -\$190.00

**Busing provided from summer school to camp**

**Site: Rosedale North Elementary**

**SPACE IS LIMITED.....**Return \$50.00 per child deposit and registration form to your site or District office drop box ASAP. The non refundable deposit will be applied toward tuition cost. Registration will be closed once spots are filled. Deadline for registration and deposit is May 8th.

**Please mark the program/programs your child will attend**

### Session 1

Full Day \_\_\_\_\_

Half Day AM \_\_\_\_\_

Half Day PM \_\_\_\_\_ PM w/fieldtrips \_\_\_\_\_

### Session 2

Full Day \_\_\_\_\_

Half Day AM \_\_\_\_\_

Half Day PM \_\_\_\_\_ PM w/fieldtrips \_\_\_\_\_

**Please mark an X if you are Community Connection** \_\_\_\_\_

Student Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entering Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_  
(Please Print Clearly)

Mother's Name \_\_\_\_\_  
(Please Print Clearly)

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact Information:** Only those listed will be allowed to pick up your child.

Name	Phone #	Cell/Work #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies/medical issues \_\_\_\_\_

**\*\*You will need to provide lunch and 2 snacks each day for your child(ren).**