

Head Over Heels 2009-2010 School Break Day Camp Enrollment Form

Part A: Participant Information

Parent Name _____ Phone _____

Camp Participant _____ Age _____ Gender: M F

Any food allergies or special needs? _____

All camp participants must be registered with Head Over Heels in order to attend

Part B: Camp Dates

My child will be attending camp (circle those that apply):

Daily Pricing: \$25/Half Day, \$38/Full Day

Weekly Pricing: \$90 for Half Day, \$150 for Full Day

*For 3 Day Camp: \$65 for Half Day, \$99 for Full Day

For Office Use Only

September 21st - 25th Camp

Mon – H / F / EXC _____
 Tues– H / F / EXC _____
 Wed – H / F / EXC _____
 Thur – H / F / EXC _____
 Fri – H / F / EXC _____

Daily Camp Payments

Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____

Weekly Payments

TOTAL \$ _____
(Camp + EXC)

Dep. \$ _____ Method _____ Date _____
 Bal. \$ _____ Method _____ Date _____

***November 23rd – 25th Camp**

Mon – H / F / EXC _____
 Tues– H / F / EXC _____
 Wed – H / F / EXC _____

Daily Camp Payments

Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____

Weekly Payments

TOTAL \$ _____
(Camp + EXC)

Dep. \$ _____ Method _____ Date _____
 Bal. \$ _____ Method _____ Date _____

December 28th – 31st Camp

Mon – H / F / EXC _____
 Tues– H / F / EXC _____
 Wed – H / F / EXC _____
 Thur – H / F / EXC _____

Daily Camp Payments

Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____

Weekly Payments

TOTAL \$ _____
(Camp + EXC)

Dep. \$ _____ Method _____ Date _____
 Bal. \$ _____ Method _____ Date _____

February 15th – 19th Camp

Mon – H / F / EXC _____
 Tues– H / F / EXC _____
 Wed – H / F / EXC _____
 Thur – H / F / EXC _____
 Fri – H / F / EXC _____

Daily Camp Payments

Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____

Weekly Payments

TOTAL \$ _____
(Camp + EXC)

Dep. \$ _____ Method _____ Date _____
 Bal. \$ _____ Method _____ Date _____

April 5th – 9th Camp

Mon – H / F / EXC _____
 Tues– H / F / EXC _____
 Wed – H / F / EXC _____
 Thur – H / F / EXC _____
 Fri – H / F / EXC _____

Daily Camp Payments

Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____
 Amt \$ _____ Method _____ Date _____

Weekly Payments

TOTAL \$ _____
(Camp + EXC)

Dep. \$ _____ Method _____ Date _____
 Bal. \$ _____ Method _____ Date _____