

LAUGH
LEARN
PLAY
SHARE

ALTA LOMA CHRISTIAN Summer Day Camp

“BUILDING UP AND REACHING OUT”

Summer Day Camp Registration and Financial Agreement

Name of Child: _____ Birth date: _____

Name of Parent: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City, Zip Code _____ Work Phone: _____

Week 1 June 14th - June 18th M T W TH F \$ _____

Week 2 June 21st - June 25th M T W TH F \$ _____

Week 3 June 28th - July 2nd M T W TH F \$ _____

Week 4 July 5th - July 9th M T W TH F \$ _____

Week 5 July 12th - July 16th M T W TH F \$ _____

Week 6 July 19th - July 23rd M T W TH F \$ _____

Week 7 July 26th - July 30th M T W TH F \$ _____

Week 8 August 2nd - August 6th M T W TH F \$ _____

Week 9 August 9th - August 13th M T W TH F \$ _____

Non-refundable Registration Fee \$125.00 _____ Amount due Monthly

Total \$ _____ \$ _____

I have read, understand, and agree to the “Summer Day Camp Rules and Financial Guidelines”. I understand that my registration fee is non-refundable. I also understand that all tuition must be paid in advance of my child attending class.

Signature _____

Date: _____