# FLOURTOWN SUMMER DAY CAMP
## 2019 MINI CAMP APPLICATION

Please return this Application and make checks payable to:

**Flourtown Summer Day Camp**
**P.O. Box 155**
**Flourtown, PA 19031**

| Camper's Last Name | First Name | Age | DOB | Grade | School |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**ONE OR TWO WEEK REGISTRATION OPTIONS**

**Cost is $300 per camper/wk.** ($25 Discount per additional sibling AND/OR if registering for the 2 week session).
Pricing Example: *One child*-1 week-$300; 2 weeks-$575 *Two children*-1 week-$575; 2 weeks-$1,100

**NO ABRREVIATED WEEKS**

**(place an X on the appropriate amount of children/weeks)**

| | WEEK 1 (8/12-8/16) | WEEK 2 (8/19-8/23) | BOTH |
|---|---|---|---|
| 1 Child | _____ | _____ | _____ |
| 2 Children | _____ | _____ | _____ |
| 3 Children | _____ | _____ | _____ |

**_____Yes we will need Extended Hours Care** **____No we will not need Extended Hours Care**

**_____AM _____PM _____BOTH**

There is only full week registration. **A non-refundable deposit of $100.00 is required with this application**. **Balance of payment is due no later than August 2, 2019**. All camp fees must be paid prior to the start of Mini Camp Week.

Extended Hour fees are same as regular camp: *AM only-$40/wk. *PM only-$40/wk. $80 for both/wks.
***Ext. Hours fee is per family***

**Time frame of the day, drop off and pick up times and all other fees will remain same as our regular camp session.*

Parent's Name _____ _____
Mother (please print) Father (please print)

Parent's signature _____ _____

***New Families To Mini Camp (not campers during our regular session)Please Supply Emergency Contact Information below…***

Contact Phone Number_____ Contact Email_____

PLEASE MAIL/RETURN THIS FORM IN WITH YOUR PAYMENT

FORM OF PAYMENT _____ Check _____ Visa _____ MasterCard

Card Number _____ Total Amt. _____

Signature _____ Exp. Date _____

Print Name_____ 3 Digit Security Code _____