

**DEDHAM COMMUNITY HOUSE
2010 SUMMER MINI-CAMP
REGISTRATION FORM**

Child's Name: _____ (please print)

Address: _____ Town: _____ State: _____ Zip: _____

Age: _____ Grade: _____ *** Please check which number is best to call in case of an emergency***

Parent's Name: _____ O Home Phone #:(_____) _____ - _____

O Parent's Work #: (_____) _____ - _____ O Parent's Cell #:(_____) _____ - _____

E-mail Address: _____ @ _____

Is your child attending our regular summer camp program? Yes No

*** If not we need 1) our emergency contact form, 2) our medical form & 3) copy of up to date physical for your child/children to attend the DCH Mini-Camp***

Members: \$45 / day or \$225 / week

Non-Members: \$50 / day or \$250 / week

Regular Hours: 9 AM - 4 PM

AM Extended Hours: 7 - 9 AM: \$5 / half hour

PM Extended Hours: 4 - 6 PM: \$5 / half hour

5% sibling discount on Regular Hour Fees

\$50 registration fee, total balance due by 8/1 (After 8/1, full payment due at registration)

Please check all that apply to your registration:

Week 1

Week 2

Monday 8/23

Monday 8/30

Tuesday 8/24

Tuesday 8/31

Wednesday 8/25

Wednesday 9/1

Thursday 8/26

Thursday 9/2

Friday 8/27

Friday 9/3

Grand Total: \$ _____

Parent Signature _____

Date _____

THIS CAMP COMPLIES WITH REGULATIONS OF THE MASSACHUSETTS DEPARTMENT OF HEALTH
AND IS LICENSED BY THE DEDHAM BOARD OF HEALTH