

Child's Last Name: _____ First Name/Initial: _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender: Female Male Grade Entering September: _____

Address: _____ City: _____ State: _____ Zip: _____

School Child Attends: _____ T-shirt Size: YS YM YL AS AM AL

Custodial Parent/Guardian: _____ Cell Phone: _____

Affiliation: KSU Student Faculty/Staff SRWC Member Community (non-affiliate)

Business Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Phone: _____ Cell Phone: _____

Email Address: _____

Second Parent/Guardian or Emergency Contact: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Phone: _____ Cell Phone: _____

Email Address: _____

Person(s) authorized to pick child up from camp other than parent/guardian:

Name	Relationship	Phone #

SESSION ENROLLMENT INFORMATION: The information below should be filled out for the above named child only. Full payment and all forms must be received by the Wednesday before the start of the selected weeks. Any registrations or full payments accepted after Wednesday will be assessed a \$10 late fee.

Act# Camper	Act.# LIT	Dates	Affiliate Fees	Non-affiliate Fees	Activity #	Before Care	After Care	Before & After Care	Discounts	Weekly Total
A1	L1	June 8-12	\$135	\$160	B1	\$20	\$20	\$30		
A2	L2	June 15-19	\$135	\$160	B2	\$20	\$20	\$30		
A3	L3	June 22-26	\$135	\$160	B3	\$20	\$20	\$30		
A4	L4	July 6-10	\$135	\$160	B4	\$20	\$20	\$30		
A5	L5	July 13-17	\$135	\$160	B5	\$20	\$20	\$30		
A6	L6	July 20-24	\$135	\$160	B6	\$20	\$20	\$30		
A7	L7	July 27-31	\$135	\$160	B7	\$20	\$20	\$30		
A8	L8	August 3-7	\$135	\$160	B8	\$20	\$20	\$30		
A9	L9	August 10-14	\$135	\$160	B9	\$20	\$20	\$30		

*Enrollment fees include daily lunches and a camp t-shirt. If you, the parent/guardian choose not to have your child eat the camp lunches and bring his/her own lunch, there will be no refund of fees.

+Discounts will be made for the following: Additional sibling registered in same week - \$15, Leaders in Training may attend Before and After Care for free each week but must still register for it.

METHOD OF PAYMENT: Cash Money order Check (payable to Kent State University) Credit Card

Camp is a tuition-for-service program based on confirmed enrollments and secured deposits. Applications will be accepted on a first come, first serve basis. A \$50 per session deposit is required to hold a spot in camp and full payment must be made by the Wednesday prior that particular week of camp. If full payment is not received by this time, my reservation(s) will be canceled. Note: deposits are non-transferable to other sessions and are non-refundable. Each camp will have a limited number of camper spaces available. I understand no refunds will be made. Returned checks or charges will be assessed a \$25 fee.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

PARENT/ GUARDIAN—YOUR SIGNATURE INDICATES COMPLIANCE WITH PAYMENT REGULATIONS.

-For Guest Services Staff Only-

Date Received: _____ Received By: _____ Amount Paid: _____ Balance: _____

-For PEAK Staff Only-

Forms Received: Registration Permission Hold Harmless Lunch Menu Health History