SELF & S.T.E.A.M.
...POWERED BY YOU!

SUMMER CAMP REGISTRATION FORM

Child's Name: _____

Birth Date: _____Age:_____ Grade:_____

Street: _____ Town: _____ State:_____ Zip: _____

Home Phone: _____

Parent/Guardian 1: _____ Cellphone: _____

Email:_____

Parent/Guardian 2: _____ Cellphone: _____

Email:_____ Emergency Contact: _____

By The Week Summer Camp ($375 per week)		
Adventureland	6/30 - 7/3	
Amazing Race	7/7 - 7/11	
Around The World in 5 days	7/14 - 7/18	
Challenge Week	7/21 - 7/25	
Imaginarium	7/28 - 8/1	
Mad Science	8/4 - 8/8	
Under The Sea	8/11 - 8/15	
Rainforest Adventure	8/18 - 8/22	
Time Travelers	8/25 - 8/29	

DISCOUNTS!

5% Off Sibling Discount.
10% Off for 2 or more weeks.

ADDITIONAL CARE

Aftercare (3-5pm) Additional $150 per week.

REGISTRATION FEE

One time fee $50 per child.

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply).

Therapies:_____ Behavioral Concerns: _____

Allergies: _____

Medical Conditions: _____

PICK UP AUTHORIZATION

In addition to primary caretakers listed on this form. I authorize the following individuals to drop off and pick up my child.

Full Name of Person Authorized	Relationship	Phone Number(s)