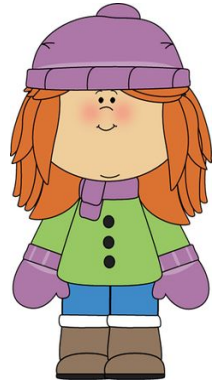


Beyond The

BELL



Winter Camp



Participant's Name:		
Age:	Grade:	Birth date:

Open Daily 7:00 am to 6:00 pm

Please check week(s) your child will be attending.

- | | | | |
|--------------------------|---------------|----------------------------------|--|
| <input type="checkbox"/> | Week 1 | December 26 – December 28 | \$60.00 (Closed Mon & Tues) |
| <input type="checkbox"/> | Week 2 | January 2 – January 4 | \$60.00 (Closed Mon & Tues) |
| <input type="checkbox"/> | Week 3 | January 7 – January 11 | \$100.00 |

Parent/Guardian Name		
Mailing Address:		
City:	State:	Zip:
Home #:	Cell #:	Work #:
Email Address:		

I have received and read the Day Camp parents handbook and agree to the policies and procedures included in the handbook. I understand that this program may be canceled or the location moved if sufficient registration is not received.

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Parent/Guardian Signature

Date

NOTE: As registration numbers are limited, the Park District must be notified by the Wednesday prior to the first day of camp to refund or credit fees for camp. Thank you for your cooperation.