

CAMPER NAME : _____ AGE: _____ GENDER : M /F EARLY DROP LATE PICK UP

DYNAMIC CAMPS EXTRA CARE REGISTRATION FORM

CAMPER INFORMATION MEMBER NON-MEMBER

BIRTHDATE (MM/DD/YY): _____ / _____ / _____ AGE _____

EARLY DROP AND/OR LATE PICK UP BY: _____

RELATIONSHIP: _____ CONTACT#: _____

EARLY DROP (EACH DAY \$8)

	MON	TUE	WED	THUR	FRI
8AM~8:30AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*OFFICE ONLY

TOTAL HOURS : 30 MINS X _____

TOTAL FEES : \$8 X _____

LATE PICK UP (EACH 30MINS \$8)

IS YOUR CHILD STAYING FOR CLASS? YES (MON / TUE / WED / THU / FRI) NO

➤ If they are under the age of 12, we only allow children to stay when there is a guardian with a them.
If not, Extra Care Fee will be applied from 4:15pm.

	MON	TUE	WED	THUR	FRI
4:15PM~4:45PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:45PM ~5:15PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:15PM~5:45PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:45PM~6:15PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*OFFICE ONLY

TOTAL HOURS : 30 MINS X _____

TOTAL FEES : \$8 X _____

EXTRA CARE PAYMENT

* EXTRA CARE FEES WILL BE CHARGED THE LAST DAY OF THE CAMP WITH CASH ONLY.

EARLY DROP TOTAL \$ _____

LATE PICK UP TOTAL \$ _____

TOTAL FEES \$ _____

NOT PAID

PAID

CONDITIONS OF ENROLLMENT

I have read and I understand the above conditions of enrollment and hereby agree to all terms and conditions in this application.

Signature of Parent/Guardian _____

Date _____ / _____ / 20____

