



2010 Summer Day Camp Registration Form

Participant Name _____ Gender Male Female

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Phone _____

E-Mail Address _____ Date of Birth ____/____/____

Name of School (if attending) _____

Emergency Contact #1 (adult name & phone required) _____

Emergency Contact #2 (adult name & phone required) _____

List any allergies, medical conditions, chronic or recurring illnesses, and medications that we may need to know about

Camp Week	Camp Fee	Early Care	Weekly Fee
1. Earth Explorers 6/14 - 6/18	\$140	_____	_____
2. Let There Be Colors 6/21 - 6/25	\$140	_____	_____
3. Gift of Water, Source of Life 6/28 -7/2	\$140	_____	_____
4. Fruits of the World 7/5 - 7/9	\$140	_____	_____
5. The Sky Is The Limit 7/12 - 7/16	\$140	_____	_____
6. Starstruck 7/19 - 7/23 (12:30 - 4:00pm)	\$100	_____	_____
7. Under the Sea 8/2 - 8/6	\$140	_____	_____
8. All God's Creatures 8/9 - 8/13	\$140	_____	_____
9. Our Diverse Family 8/16 - 8/18 (MTW only)	\$100	_____	_____

Total Amount Due: \$ _____

Method of Payment Cash Check attached (made payable to Sandy Springs United Methodist Church)

CIRCLE HERE IF YOU PAID ONLINE !!!

Credit Card Payment is accepted through PayPal at www.SSUMC.org

Parent or Legal Guardian Signature (required) _____

Date _____

Refund Policy

Registration fees less a \$25.00 Cancellation fee will be refunded for all requests received one week (7 days) prior to the start of a camp week. No refunds will be given after this point . Failure to attend does not entitle the participant to a make up or to a refund.