

# Okemos Special Needs Day Camp Registration Form

**\$40 Non-Refundable Registration Fee (not included in rates below) is due with Registration Form**

☐ New Participant      ☐ Returning Participant      Classification (IEPC) \_\_\_\_\_

Child's Last Name      First Name      Gender      Birth Date

Address      City      Zip Code

Primary Parent/Financial Sponsor      Cell Phone #      Home Phone      Work Phone

Second Parent Name (or Legal Guardian)      Cell Phone #      Home Phone      Work Phone

Email Address (will be used for invoices/reminders/messages)

**Shirt Size (circle):**      **Youth:**    S    M    L      **Adult:**    S    M    L    XL    2XL    3XL    4XL

**Campers must register for all 4 weeks of camp:**

**Camp Dates:**

4 weeks: June 13-July 8 (No Camp July 4)

**Rate:**

4 Weeks \$905

This camp is completely self-funded, it is not supplemented by Okemos Public Schools. Camp fees cover the cost of materials, local field trip expenses excluding lunch and most importantly, qualified staff. Because our camp is fully self-funded, we must ask for your payment of camp fees in full. A non-refundable registration fee of \$40 is **not** included in the rate above.

Payment Amount: \$40 Registration Fee    +    Camp Fee \$ \_\_\_\_\_    =    Total \$ \_\_\_\_\_

Payment Type:    ☐ Check (Checks payable to Okemos Special Needs Day Camp)    Check # \_\_\_\_\_  
                         ☐ Credit Card (Visa/MasterCard/Discover/American Express)

CC # \_\_\_\_\_ Exp. Date \_\_\_\_\_ C.V.V. \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE RETURN REGISTRATION FORM (with fee) TO OKEMOS COMMUNITY EDUCATION**

**Mail/Drop Off:** 1826 Osage Dr., Okemos, MI 48864    •    **Fax:** (517) 349-6643    •    **Email:** [kelli.guthrie@okemosk12.net](mailto:kelli.guthrie@okemosk12.net)

**TAX ID # D38-6001631**