# **OKEMOS SPECIAL NEEDS DAY CAMP**

## REGISTRATION FORM

## JUNE 18 – AUGUST 10, 2018

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ M F

Camper’s Last Name First Name Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Classification (IEPC) Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Mother) Home Phone/Cell Phone Work Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Father) Home Phone/Cell Phone Work Phone

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle T-Shirt Size: (YOUTH) S M L (ADULT) S M L XL 2XL 3XL

Please check the weeks your child will be attending: (No Camp July 2-6)

### Week 1: June 18-22

Week 2: June 25-29

Week 3: July 9-July 13

Week 4: July 16-20

Week 5: July 23-27

Week 6: July 30-August 3

Week 7: August 6-10

**CAMP FEES ARE DUE JUNE 1, 2018**

4 Weeks - $865 5 Weeks - $1,025 6 Weeks - $1,221 7 Weeks - $1,414

This camp is completely self-funded, it is not supplemented by Okemos Public Schools. Camp fees cover the cost of craft 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 $35 is included in the fees above.

Check #\_\_\_\_\_\_\_\_\_\_ (Make checks payable to Okemos Special Needs Day Camp)

Visa/MC/Discover # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date \_\_\_\_\_\_\_\_\_\_\_ CVV Code \_\_\_\_\_\_\_

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

**Return form with payment to Okemos Community Education**

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