*Okemos Special Needs Day Camp* Date Rec’d \_\_\_\_\_\_\_\_\_

## *Registration Form*

**$35 Non-Refundable Registration Fee (not included in rates below) is due with Registration Form**

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

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Child’s Last Name First Name Gender Birth Date

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Address City Zip Code

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

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

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

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

**Please check the weeks your child will be attending:**

Week 1: June 17-21 Week 4: July 15-19

Week 2: June 24-28 Week 5: July 22-26

NO CAMP JULY 1-5 Week 6: July 29-August 2

Week 3: July 8-12 Week 7: August 5-9

**Rates:**

4 Weeks\* - $855 5 Weeks - $1022 6 Weeks – $1222 7 Weeks - $1422 Added Day - $45

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 not included in the fees above. **\*Campers attending less than 4 weeks will be charged a daily rate of $45 per day plus the registration fee.**

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**