

SUMMER CAMP at LA JOLLA HIGH REGISTRATION FORM

One child per form; please print

Child's Name: _____ Age _____
 Parent/Guardian Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 Cell Number: (____) _____ - _____ Email _____

Kinder Camp (ages 4-6)

Days: Monday-Friday

Hours: 9:00am - 4:00pm

___ Session 1	June 28-July 2	\$190
___ Session 2	*July 6-9	\$150
*No Camp July 5		
___ Session 3	July 12-16	\$190
___ Session 4	July 19-23	\$190
___ Session 5	July 26-30	\$190
___ Session 6	August 2-6	\$190
___ Session 7	August 9-13	\$190
___ Session 8	August 16-20	\$190
___ Session 9	August 23-27	\$190

Youth Camp (ages 7-13)

Days: Monday-Friday

Hours: 9:00am - 4:00pm

___ Session 1	June 28-July 2	\$190
___ Session 2	*July 6-9	\$150
*No Camp July 5		
___ Session 3	July 12-16	\$190
___ Session 4	July 19-23	\$190
___ Session 5	July 26-30	\$190
___ Session 6	August 2-6	\$190
___ Session 7	August 9-13	\$190
___ Session 8	August 16-20	\$190
___ Session 9	August 23-27	\$190

A.M./P.M. Extended Care

Extended hours before and after camp are available for an additional fee. See below.

Extended Care (all ages)

Hours: 7:30-9:00am and 4:00-6:00pm

___ Week 1	June 28-July 2	\$35
___ Week 2	July 6-9	\$30
___ Week 3	July 12-16	\$35
___ Week 4	July 19-23	\$35
___ Week 5	July 26-30	\$35
___ Week 6	August 2-6	\$35
___ Week 7	August 9-13	\$35
___ Week 8	August 16-20	\$35
___ Week 9	August 23-27	\$35

Specialty Camp (6-13)

9:00am-12:00pm Monday - Thursday

___ Basketball	July 12-15	\$90/*\$240
___ Water Polo	July 19-22	\$90/*\$240
___ Art Camp	July 26-29	\$90/*\$240
___ Water Polo	August 2-5	\$90/*\$240
___ Aquatics	August 9-12	\$90/*\$240

***\$240.00 Cost includes Camp until 4:00pm and Friday field Trip.**

PAYMENT TOTAL

Day Camp (Kinder or Youth) Total	# of sessions _____ @ \$150/session =	\$
Day Camp (Kinder or Youth) Total	# of sessions _____ @ \$190/session =	\$
See Specialty Camp Brochure for information:		
Specialty Camp Total	# of sessions _____ @ \$90/session =	\$
Specialty Camp Total (w/youth camp)	# of sessions _____ @ \$240/session =	\$
Extended Care Total	# of weeks _____ @ \$30/week =	\$
Extended Care Total	# of weeks _____ @ \$35/week =	\$
**Sign up before April 30, 2010 and receive \$10.00 off each Kinder & Youth child.		\$
Total		\$

****Discount does not apply to Specialty Camps.**

METHOD OF PAYMENT

___ Cash
 ___ Check Check # _____
 ___ VISA Card # _____ Exp. _____ Verification # _____
 ___ MasterCard Card # _____ Exp. _____ Verification # _____

I agree to pay the total amount stated above.

Cardholder signature: _____