

Camp / Preschool 8am - 5:30pm		Session Sub Total	Weekly Subtotal	Totals
Session 1	Complete Session One if paid before start date. <input type="checkbox"/>	\$725	\$	
	<input type="checkbox"/>			
	~OR~			
	Session One week by week			
	June 14 to June 18, 2010 <input type="checkbox"/>	\$150	\$	
	June 21 to June 25, 2010 <input type="checkbox"/>	\$150	\$	
	June 28 to July 2, 2010 <input type="checkbox"/>	\$150	\$	
July 5 to July 9, 2010 <input type="checkbox"/>	\$150	\$		
July 12 to July 16, 2010 <input type="checkbox"/>	\$150	\$		
<b>Total for Session One</b>		\$	\$	\$
Session 2	Complete Session Two if paid before start date. <input type="checkbox"/>	\$725	\$	
	<input type="checkbox"/>		\$	
	~OR~			
	Session Two week by week			
	July 19 to July 23, 2010 <input type="checkbox"/>	\$150	\$	
	July 26 to July 30, 2010 <input type="checkbox"/>	\$150	\$	
	Aug. 2 to Aug. 6, 2010 <input type="checkbox"/>	\$150	\$	
Aug. 9 to Aug. 13, 2010 <input type="checkbox"/>	\$150	\$		
Aug. 16 to Aug. 20, 2010 <input type="checkbox"/>	\$150	\$		
<b>Total for Session Two</b>		\$	\$	\$
All Summer	~OR~		Summer Subtotal	
	Whole Summer <input type="checkbox"/>	\$1,450	\$	
	<input type="checkbox"/>		\$	
<b>Additional CAMP Discounts</b>				
Sibling Discount	20% off for each additional sibling attending			-\$
<b>Grand Total</b>			\$	

SUMMER CAMP AND PRESCHOOL



The Children's House 2404 W. 62nd Street Indianapolis, IN. 46268 (317) 253-3033  
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# Summer Camp/ Pre-School Program Registration 2010

**Child's Name:** \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Allergies \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

**Mother or Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

**Father or Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

(other than above)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

**Pediatrician** \_\_\_\_\_

Dr.'s Office Phone \_\_\_\_\_

## HOW TO REGISTER...

A twenty-five dollar registration fee must accompany this application and will hold your place. Please mail full tuition payments one week in advance of each session or week indicated in this brochure. There are no make-Up dates or refunds for occasional absences.

MAIL THIS REGISTRATION FORM, along with the \$25.00 fee, and all future payments to:

Registrar The Children's House, inc. 2404 W. 62nd Street, Indianapolis, Indiana 46268.

## AUTHORIZATION

I hereby give consent on behalf of my child / dependant for The Children's House, Inc. Day Camp. I know of know reason why My child might not be able to participate freely in the activities for which they are enrolled. In addition I give consent for my child to attend any excursions / field trips

Signed Mother / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signed Father / Guardian \_\_\_\_\_ Date \_\_\_\_\_