

**Step #1: Personal Information**

Please use one form per person. Duplicate as necessary.

Camper's name \_\_\_\_\_ Address \_\_\_\_\_  
street city state zip

Gender:  Female  Male Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade In Fall \_\_\_\_\_

Race (optional):  Caucasian  African American  Hispanic  Asian/Pacific Islander  Native American  Other

Parent/Legal Guardian \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Before and After Care needed:  Yes  No Indicate week days:  Mon  Tues  Wed  Thur  Fri Hours Needed \_\_\_\_\_

# of Children Attending \_\_\_\_\_

Names and birthdays of children \_\_\_\_\_

How did you learn about Day Camp?  Relative  Oregonian  Portland Family  Summer vacation/Camp Fair  Metro Parent  
 Internet - Please list the site  Other

Health/behavioral concerns (attach page if need): \_\_\_\_\_

Medications \_\_\_\_\_ Purpose of meds. \_\_\_\_\_

Food allergies \_\_\_\_\_

**Step #2**

Day Camp Sessions	Date	Fee	Swimming Lessons
<input type="checkbox"/> Session 1	June 15-21	\$250	\$25
<input type="checkbox"/> Session 2	June 22-26	\$250	
<input type="checkbox"/> Session 3	June 29 - July 3	\$250	\$25
<input type="checkbox"/> Session 4	July 6 - 10	\$250	
<input type="checkbox"/> Session 5	July 13 - 17	\$250	\$25
<input type="checkbox"/> Session 6	July 20 - 24	\$250	
<input type="checkbox"/> Session 7	July 27 - 31	\$250	\$25
<input type="checkbox"/> Session 8	Aug 3 - 7	\$250	
<input type="checkbox"/> Session 9	Aug 10 - 14	\$250	\$25
<input type="checkbox"/> Session 10	Aug 17 21	\$250	

	Session Fee (refer to step 2 for amount)
	Swimming Lessons
	Paper Registration Fee (\$10 per camper)
	Before and After Care (\$5 per hour)
	Total Fees
	Donation
	Grand Total
	Amount Enclosed
	Balance Due

**\$70 deposit (per camper) due upon registration**

Before and After Care: \$5 per hour - Please note days and hours needed

Before and After Care, Full Week: \$40

Special extended care instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charge \$ \_\_\_\_\_ to my:  Visa/Mastercard

Account # \_\_\_\_\_ Date \_\_\_\_\_

Expiration Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_