



SUMMER CAMP REGISTRATION FORM

Please print clearly:

Child's Name: _____ Child's Date of Birth: ____/____/____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

**Thank you for choosing
TEAMWORKS Summer Camp**

Registration is also available online at:
www.teamworksacton.com



Extended Day Program:

Our regular camp day ends at 4pm (pick-up is between 3:30pm and 4pm).
Parents who require care after 4pm will have two extended day options:

*Extended Day until 5pm: \$15 per day or \$60 per week
Extended Day until 6pm: \$25 per day or \$100 per week*

Sibling Discounts:

Sibling Discounts are available. Each additional sibling will receive 10% off the price of an equal or lower priced camp.

Multi-Week Discounts:

Participants enrolled in 2 – 5 weeks of camp will receive \$20 off each week. Participants enrolled in six or more weeks of camp will receive \$40 off each week. (Multi-week discounts are only available for full-week traditional & sports camps).

Memberships:

All participants are required to have a valid TEAMWORKS Membership Card (\$15). Memberships are good for one year from the date of purchase.

Note: Photo ID pictures must be done before the first day of enrollment.

Deposits/Payment Plan:

A \$50 non-refundable deposit is required upon registration for each week of camp. The remaining balances must be paid 2 weeks prior to the start of each week of camp.

Program: _____

Week/Day (s): _____

Regular Day Extended Day 5pm Extended Day 6pm

Cost: _____



Program: _____

Week/Day (s): _____

Regular Day Extended Day 5pm Extended Day 6pm

Cost: _____



Program: _____

Week/Day (s): _____

Regular Day Extended Day 5pm Extended Day 6pm

Cost: _____

Subtotal: _____

+ Membership: _____

- Discounts: _____

TOTAL: _____

Deposits must be paid at the time of registration

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

For Office Use Only:

Date Received: _____ Initials: _____ Date Entered: _____ Initials: _____