



SPANISH SUMMER CAMP REGISTRATION FORM

Camper's Name: _____ Age: _____ DOB: _____

Guardian's Name: _____ Phone Number: _____

Home Address: _____ City _____ Zip Code _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Allergies/Special instructions: _____

People authorized to pick your child up from camp: _____

Please describe camper's experience with Spanish or any other foreign language: _____

Location: Irvine Community College for Full Day Only or Lango in Irvine for Full Days and Half Days

IRVINE VALLEY COLLEGE		LANGOKIDS IRVINE	
June 24-June 28	FD _____	June 24-June 28	FD _____ HD _____
July 1- July 3	FD _____	July 1- July 3	FD _____ HD _____
July 8- July 12	FD _____	July 8- July 12	FD _____ HD _____
July 15- July 19	FD _____	July 15- July 19	FD _____ HD _____
July 22-July 26	FD _____	July 22-July 26	FD _____ HD _____
July 29- August 2	FD _____	July 29- August 2	FD _____ HD _____
August 5 – August 9	FD _____	August 5 – August 9	FD _____ HD _____
For All weeks Mark this Box <input type="checkbox"/>		For All weeks Mark this Box <input type="checkbox"/>	

Do you require extended care for your child? Yes _____ No _____
 If yes, specify number of Extended Care Passes (Child Care from 4pm-5pm) _____

Amount paid: _____ Check # _____ Discounts Applied _____

Refund Policy

- Withdrawals before June 1: Camp fee fully refunded
- Withdrawals between June 2-June 21: Camp fee refunded less 25% Administrative Fee
 - On or after June 27: Camp fee is nonrefundable.
 - 1 week registrations are not allowed.

I agree