



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 22-June 26	FD _____	June 22-June 26	FD _____ HD _____
June 29- July 3	FD _____	June 29- July 3	FD _____ HD _____
July 6- July 10	FD _____	July 6- July 10	FD _____ HD _____
July 13- July 17	FD _____	July 13- July 17	FD _____ HD _____
July 20-July 24	FD _____	July 20-July 24	FD _____ HD _____
July 27- July 31	FD _____		
August 3 – August 7	FD _____		
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 _____ When? AM/PM

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