



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: _____

IRVINE VALLEY COLLEGE (Basic and Intermediate Levels)		LANGOKIDS IRVINE (Advanced level full day and basic level half day)		
June 22-June 26	FD _____	June 22-June 26	FD _____	HD _____
June 29- July 2	FD _____	June 29- July 2	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 _____	July 27- July 31	FD _____	HD _____
August 3 – August 7	FD _____	August 3 – August 7	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 _____ 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
- IVC and LangoKids Irvine will observe the 4th of July starting July 3rd. This week cannot be prorated.

I agree