



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: _____

LYCEUM VILLAGE	
June 28-July 2	<input type="checkbox"/>
July 12- July 16	<input type="checkbox"/>
July 19- July 23	<input type="checkbox"/>
July 26-July 30	<input type="checkbox"/>
August 2- August 6	<input type="checkbox"/>
August 9 – August 13	<input type="checkbox"/>
For All weeks Mark this Box	<input type="checkbox"/>

Do you require extended care for your child? Yes ____ Time: _____ No ____

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 21: Camp fee is nonrefundable.
 - 1 week registrations are not allowed.

I agree