



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: _____

People Authorized to pick your child up from camp: _____

Allergies/Special Instructions: _____

Please describe any learning difficulties that we need to be aware of if any: _____

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

Full Day Summer Camp New Horizon Community Center 10 Marconi, Irvine 92618	
Week #1 June 16-June 20 Hello My Name is Malala/Hola Me llamo Malala	<input type="checkbox"/>
Week #2 June 24 - June 23 – June 27 The Aloha Week/Una Semana de Aloha	<input type="checkbox"/>
Week #3 June 30 - July 3 Party in the USA	<input type="checkbox"/>
Week #4 July 7 – July 11 Creativity Works/Trabajos de Creatividad	<input type="checkbox"/>
Week #5 July 14 - July 18 Pokémon Adventures/ Aventuras de Pokémon	<input type="checkbox"/>
Week #6 July 21 – July 25 The Kindness Project/El Proyecto de la Amabilidad	<input type="checkbox"/>
Week #7 July 28 – August 1 Harry Potter Camp.	<input type="checkbox"/>
Week #8 Augus 4 – August 8 Lego Works (Offered at LangoKids)	<input type="checkbox"/>
All Weeks	<input type="checkbox"/>

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

Amount Paid: _____ Check #: _____ Discounts Applied: _____

Refund Policy

- Withdrawals when Camp is full or by May 15: Camp Tuition fully refunded.
 - Withdrawal after Camp is full: Camp Tuition is nonrefundable.
 - 1 week registrations are not allowed

I agree ☐