SUPER SATURDAY 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: _____

_____

LangoKids Irvine
9200 Irvine Center Drive Suite 100

Super Saturday #1 November 22 ☐

Super Saturday #2 December 6 ☐

Super Saturday #3 December 13 ☐

Super Saturday # December 20 ☐

All Four Super Saturdays ☐

Amount Paid: _____ Form of Payment: _____ Discounts Applied: _____

Refund Policy

- Withdrawals before Nov 15: Camp Tuition fully refunded.
- Withdrawal after Nov 15: Camp Tuition is nonrefundable.

I agree ☐