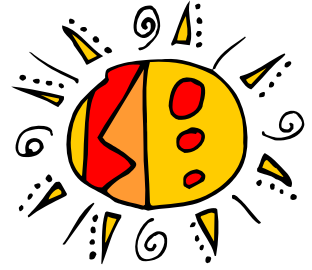




Menlo Children's Center
Sunshine Summer Camp 2009
Pre-Registration Form
 801 Laurel Street, Menlo Park, Ca. 94025
 (650) 330-2262



Camp Days/Times:
Monday - Friday 8:00am – 4pm
Extended PM Camp 4:00pm – 5:30pm

Applying for:

- ___ Session I: June 15th – July 10th
 - ___ Session II: July 13th – August 7th
 - ___ Extended Week Session: August 10th-14th
 - ___ Both Sessions
 - ___ Extended PM Camp
- (We will be closed Friday, July 3rd)

Camp Fees:

- Kindergarten: Res.\$811/Non-Res.\$1094 per session
- 1st –5th Grade: Res. \$654/Non-Res. \$882 per session
- Extra Week Session: Res. \$236/Non-Res. \$318
- Extended PM Camp \$50/week or \$10/day
- 5% discount for participants registered in Session I and II
- *ALL FEES ARE SUBJECT CHANGE**

Please Print All Information

Name of participant _____ School _____ Birth date _____

Entering Grade (2008) _____

Name of Parent / Guardian _____

Address _____ City/ Zip _____

Home Number _____ Work Number _____ Cell Number _____

Parent's E-mail _____

Each camper will receive a T-shirt on the first day of each session. Shirts are 100% crew necks. Please indicate the desired size:

- Youth small (6-8)
- Youth Medium (10-12)
- Youth Large (14-16)
- Adult small (34-36)
- Adult medium (38-40)

A deposit of \$100 per session per child is due along with this application. Full balance is due June 1, 2009. Once we received your deposit, you will receive a confirmation letter and enrollment packet. This packet includes consent forms and emergency contact information. Please complete and return these forms as soon as possible. Unfortunately, cannot be admitted without a completed form. If you have any questions, please call (650) 330-2293 or (650) 330-2262.

Payment Type: Check Number _____ Credit Card Type: _____ Visa _____ MasterCard

(Please make checks payable to: City of Menlo Park)

Today's Date: _____

Account Number: _____ EXP _____

Account Holder Name: _____

(Please print)

I agree to pay the above charges. I authorize the City Of Menlo Park to charge these costs to my credit card.

Authorized Signature: _____ **Date** _____