



2010 Summer Camp

(For Children entering grades 1st – 7th)
4706 Park Center Ave. NE
Lacey, WA 98516
(360) 493-2223 Fax 412-0910

Grade Just Completed _____

This camp is for students that are entering 1st grade through 7th grade.

STUDENT NAME _____
Last First Middle

STUDENT ADDRESS _____
City State Zip

HOME PHONE _____ FAMILY E-MAIL _____

BIRTHDATE _____ SEX (M-F) _____

FATHER/GUARDIAN _____
circle one Last First

WORK # _____ CELL PHONE _____

MOTHER/GUARDIAN _____
circle one Last First

WORK # _____ CELL PHONE _____

LIST STEPPARENTS IF APPLICABLE : _____

STUDENT LIVES WITH: Mom _____ Dad _____ Both _____ Guardian _____

Please Circle weeks of Attendance:	June 21st-25th	June 28th – July 2nd		
	July 6th -9th	12th – 16th	19th-23rd	26th – 30th
	Aug. 2nd – 6th	9th – 13th	16th – 20th	

Please circle one: FULL TIME 4 DAYS 3 DAYS 2 DAYS

Please circle days of attendance: Monday Tuesday Wednesday Thursday Friday

Extended Care need: AM ONLY (7:00 am – 9:00 a.m.) PM ONLY (3:00pm – 6:00pm) BOTH AM/PM

MY CHILD WILL ARRIVE AT _____ AM. MY CHILD WILL BE PICKED UP AT _____ PM.

We will be paying: Monthly w/x-care Weekly w/x-care Weekly with hourly x-care

_____ Yes we are interested in X-Care for the week of: June 14th – 18th August 23rd – 27th (Please circle choices)

This application must be completely filled out before it can be processed. Registration fees must accompany the application. Registration Fees are non-refundable.

OFFICE USE: Registration PD _____