

# ★ All Stars ★ of Summer

## Registration Form

Summer Camp 2009

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2009 \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### SPECIAL NEEDS

You can help us ensure that your child enjoys the activities in the program(s) you have selected.

Does the participant have any special health, accessibility, or behavioral need?

Yes  No

(If yes, you will be privately contacted by the camp director for further information.)

### REQUIREMENT

A copy of the child's birth certificate must be provided in order to process registration. This copy will remain with your child's registration records in Customer Service. When enrolling your child, payment in full must be made for the first session.

#### ***Okeehelée Nature Camp, Therapeutic Recreation Camp, and Half-day Camps:***

Payment in full for your first two sessions is required at time of registration.

Payment for remaining session(s) is due by June 15, 2009.

Please indicate camper's t-shirt size below. Every effort will be made to provide true-to-size t shirts.

**Youth:**  Small  Medium  Large **Adult:**  Small  Medium  Large  Extra Large

Camp Name	Session Code	Payment Due	Payment Made	Date	Method of Payment
Example: W. Jupiter Youth Camp	110114.07	\$290	\$290	April 14	VISA

Please make checks or money orders payable to Board of County Commissioners.

Approved scholarship vouchers, cash, and credit cards are accepted.

\_\_\_\_\_  
Credit Card Number (MasterCard or VISA)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Cardholder