

## Camp Sagemont Camp Days Registration Form 2011-2012

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Child's Current School \_\_\_\_\_

**Camp Hours: 9:00 A.M.-3:30 P.M.      Early Care: 7:30 A.M.-9:00 A.M.      After Care: 3:30 P.M.-6:00 P.M.**

**Mark the days you would like for your child to attend.**

**NOTE: We staff the camp according to enrollment. Therefore, there will be NO REFUNDS OR EXCHANGES.**

### Teacher Planning Days (6 Days):

\_\_\_ Friday, September 30<sup>th</sup>

\_\_\_ Friday, October 28<sup>th</sup>

\_\_\_ Friday, January 20<sup>th</sup>

\_\_\_ Friday, February 17<sup>th</sup>

\_\_\_ Friday, March 30<sup>th</sup>

\_\_\_ Friday, May 25<sup>th</sup>

### **WINTER BREAK (9 Days):**

\_\_\_ Monday, December 19<sup>th</sup> (Winter Camp Begins)

\_\_\_ Tuesday, December 20<sup>th</sup>

\_\_\_ Wednesday, December 21<sup>st</sup>

\_\_\_ Thursday, December 22<sup>nd</sup>

\_\_\_ Friday, December 23<sup>rd</sup>

\_\_\_ Tuesday, December 27<sup>th</sup>

\_\_\_ Wednesday, December 28<sup>th</sup>

\_\_\_ Thursday, December 29<sup>th</sup>

\_\_\_ Friday, December 30<sup>th</sup> (Winter Camp Ends)

### **SPRING BREAK (5 Days):**

\_\_\_ Monday, March 12<sup>th</sup> (Spring Camp Begins)

\_\_\_ Tuesday, March 13<sup>th</sup>

\_\_\_ Wednesday, March 14<sup>th</sup>

\_\_\_ Thursday, March 15<sup>th</sup>

\_\_\_ Friday, March 16<sup>th</sup> (Spring Camp Ends)

Will you be needing Early Care? (7:30 A.M. - 9:00 A.M.) \_\_\_yes \_\_\_no

Will you be needing After Care? (3:30 P.M. - 6:00 P.M.) \_\_\_yes \_\_\_no

#### # of days selected per student

SINGLE DAYS-

Five or more days paid at once-

#### Cost for Non-Sagemont Students

\$55/day

\$50/day

Add \$10 per day for Early Care.

Add \$20 per day for After Care.

Add \$25 per day for both.

#### Cost for Sagemont Students

\$50/day

\$45/day

Note: 10% sibling discount after first child is paid in full.

Total # of days \_\_\_\_\_ at \$ \_\_\_\_\_ per day      Additional early care/after care fees per day \$ \_\_\_\_\_      Total amount enclosed \$ \_\_\_\_\_

Please complete registration form (front and back) and make check payable to: The Sagemont School

For more information call 954-384-5454      Email: [camp@sagemont.com](mailto:camp@sagemont.com)

Website: [www.campsagemont.com](http://www.campsagemont.com)

Please indicate if your child has **Any Allergies or any special needs:**

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Persons to be contacted in case of illness or emergency when the parents cannot be reached.

These persons are additionally authorized to remove student from camp. If none, please indicate "none".

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_