

**Camp Sagemont Camp Days Registration Form 2017-2018**

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

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

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

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

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

**Camp Hours: 9:00am-3:30pm      Early Care: 7:30-9:00am      After Care: 3:30-6:00pm**

**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.**

**Early Release Aftercare: \*Limited to first 40 students**

\_\_\_\_ Friday, May 25, 2018  
Early Release Aftercare is 12 pm – 3:30 pm  
Cost for early release aftercare is \$10 per hour

**WINTER BREAK (8 Days):**

**CAMP CLOSED – Monday, December 25, 2017**  
\_\_\_\_ Tuesday, December 26, 2017  
\_\_\_\_ Wednesday, December 27, 2017  
\_\_\_\_ Thursday, December 28, 2017  
\_\_\_\_ Friday, December 29, 2017

**SPRING BREAK (5 Days):**

\_\_\_\_ Monday, March 26, 2018  
\_\_\_\_ Tuesday, March 27, 2018  
\_\_\_\_ Wednesday, March 28, 2018  
\_\_\_\_ Thursday, March 29, 2018  
\_\_\_\_ Friday, March 30, 2018

**CAMP CLOSED - Monday, January 1, 2018**

\_\_\_\_ Tuesday, January 2, 2018  
\_\_\_\_ Wednesday, January 3, 2018  
\_\_\_\_ Thursday, January 4, 2018  
\_\_\_\_ Friday, January 5, 2018

**EARLY or AFTERCARE NEEDS**

Will you be needing Early Care? (7:30am-9:00am) \_\_\_yes \_\_\_no  
Will you be needing After Care? (3:30-6:00pm) \_\_\_yes \_\_\_no

<u># of days selected per student</u>	<u>Cost for Non-Sagemont Students</u>	<u>Cost for Sagemont Students</u>
SINGLE DAYS-	\$55/day	\$50/day
Five or more days paid at once-	\$50/day	\$45/day

Add \$10 per day for Early Care. Add \$20 per day for After Care. Add \$25 per day for both.  
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:** \_\_\_\_\_