

2010 CAMP OF THE ARTS REGISTRATION FORM

Camper's Name _____ D.O.B. _____ Grade Completed 2010 _____
Address _____ Village _____ Male Female
City _____ State _____ Zip _____
Parent/Guardian Name _____
Home Phone _____ Work Phone _____ Cell _____
Email _____ Would you like forms emailed mailed
Please group my child with _____ Tee Shirt Size SM _____ MED _____ LRG _____ XLRG _____

TUITION

- Session I June 21 – July 9 \$475.00 (Lien) \$525.00 (Non-Lien)
 Session II July 12 – July 30 \$475.00 (Lien) \$525.00 (Non-Lien)
 Session III Aug 2 – Aug 13 \$320.00 (Lien) \$365.00 (Non-Lien)

EXTENDED CARE

- Session I Pre-Camp (7 – 9 AM) \$120.00 Post Camp (3:30 - 6:30 PM) \$180.00
 Session II Pre-Camp (7 – 9 AM) \$120.00 Post Camp (3:30 - 6:30 PM) \$180.00
 Session III Pre Camp (7 – 9 AM) \$80.00 Post Camp (3:30 – 6:30 PM) \$120.00

Make checks payable to W.L.C.A. For information please call 410-730-3987 or 301-596-4883 or visit us on the web at www.campofthearts.com

I need a "Medication" form. My child will take medication during camp.

NON REFUNDABLE REGISTRATION FEE: \$30.00

How did you hear about us? Camp of the Arts Brochure CA Camp Brochure Camp of the Arts Website Camp Expo Other

Office Use Only

Forms Out _____
Session _____
Tuition _____
Extended _____
Reg. Fee _____
Total Due _____
Deposit _____
Balance _____
Payment 1 _____
Payment 2 _____
Payment 3 _____
Payment 4 _____
Lien Yes No