Indian Rock Camp Registration Form

Camper's Name:_____ Entering Grade_____

Parent or Guardian Information

Parent e-mail address_____

Salutation	First Name	Last Name	Home Phone	Cell Phone	Work Phone

Parent

Salutation	First Name	Last Name	Home Phone	Cell Phone	Work Phone

Street Address	**City**	**State**	**Zip Code**

If the above cannot be reached call:_____ Phone:_____
(Name & Relation to child)

Parents of campers riding the bus, please initial one of the following statements. Campers will not be able to take the PM bus without this portion completed.

In the event that the designated person cannot be at the bus stop, my child has permission to walk from the bus stop. _____
(Indian Rock Summer Camp is not responsible for my child once he/she departs the bus.)

Under no circumstances do I want my child let off the bus unless the designated person is at the bus stop. _____

Please Register My Child for the Following Weeks of Camp

Camper's Name:	Date of Birth:	Sex:	Bus Stop:

Week of	Topic	**Camp Fee** for week	Amount for bus	Amount for morning care	Amount for after care	Weekly total

Total for registered Weeks:	

Office use	Date received	Amount	Payment Method	subtract 5th wk discount camp fee only prior to 5/1	
1st				subtract 5% sibling discount (camp fee only)	
2nd				Add Membership: Family - $50, Youth - $25	
3rd				Mem.	
By:	Permission:	Medical:	Book:	Pc:	**Grand Total Due**

Circle one: **Master Card Visa American Express** Card # _____
Expiration Date: _____Amount:_____

Signature:_____ Name on Card_____

Make Checks payable to: Environmental Learning Centers of Connecticut, Inc.
Mail to: 501 Wolcott Road, Bristol, Ct. 06010