

Indian Rock Camp Registration Form

Camper's Name: _____ Entering Grade: _____

E-mail Address: _____

Parent or Guardian Information

Parent

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 _____

If the above can not be reached call: _____ Phone: _____
(Name & relation to child)

Please register my child for the following weeks of Camp

Rec'd	Camper's Name:			Date of Birth:		Sex:
Week of	Topic	Bus Route:		Bus Stop:		
		Amount for Week	Amount for Bus	Amount for Morning Care	Amount for After Care	Weekly Total
Weekly Total						
Office Use	Date Received	Amount	Check Cash	Add Membership: Family \$50 Youth \$25		
1 st				Subtract 5th week discount		
2 nd				Subtract sibling discount		
3 rd				Mem	Total Amount Due	
By:	Permission:	Medical:	Book:	PC:	Payment Enclosed	

Circle One: MasterCard Visa American Express Card# _____
 Expiration Date: _____ Amount: _____
 Signature: _____ Name on Card: _____

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. _____

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