

Registration Summer Camp 2019

earlylearningacademy
BAY AREA CHRISTIAN SCHOOL

Child's Full Name: _____

Date of Birth: ____/____/____ Age on Sept.1, 2018: _____

Parent's Name: _____

Parent's Cell #: _____

Camp Times: 9:00 am - 2:00 pm

AM Plus Times: 8:00 am - 9:00 am

PM Plus Times: 2:00 pm - 5:00 pm

		AM Plus	PM Plus
<input type="checkbox"/>	May 28-May 31 Camp 1 : Ooey Gooley Time...Fun With Science	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	June 3-7 Camp 2: Animal Planet, Let's Go on Safari!	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	June 17-21 Camp 3: Dr. Seuss Week	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	June 24-28 Camp 4: Super Heros, Bring Your Cape!	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	July 8-12 Camp 5: Under the Sea	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	July 15-19 Camp 6: A Bug's Life, Discovering Bugs & Insects	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	July 22-26 Camp 7: Discovering Dinosaurs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	July 29-Aug. 2 Camp 8: 5..4..3..2..1..Lift-Off for Space Week	<input type="checkbox"/>	<input type="checkbox"/>

May 15th Payment for Camps 1-4

June 15th Payment for Camps 5-8

	Fee	Number of	Total
(camp 1)	\$140 X	=	
	\$175 X	=	
(AM Plus)	\$20 X	=	
(PM Plus)	\$60 X	=	
TOTAL =			

	Fee	Number of	Total
	\$175 X	=	
	\$20 X	=	
	\$60 X	=	
TOTAL =			

RETURN THIS FORM TO THE ELA OFFICE WITH:

- All payments will be made online (receptionist will have instructions)
- ELA Enrollment Form (available from ELA Office or online)
- Current Immunization Record
- Parent Handbook Acknowledgement Signature Form (available from ELA office or online)