



Explorers & Discoverers 2015 Summer Registration Form

DATE ____ / ____ /2015

Family Name	Child's Name	Sex	Date of Birth	Grade 9/15	School Attending
			____/____/____.		
			____/____/____.		
			____/____/____.		

Address/Mailing Information

Address _____ Apt# _____ City _____ State _____ Zip _____.

Phone () _____ - _____ Email _____ @ _____.

Registration Information

All classes will be held Monday-Friday during the following sessions:

PROGRAMS: Explorers Discoverers

TIMES: Explorers Tues & Thur (10:00am – 12:00pm) Discoverers M,W,F (9:30am-12:00pm)

Number of Weeks:(1-10): _____ Please Circle the weeks below: (circling not needed if taking full season)

Wk 1: June 29th - July 3rd **Wk 2:** July 6th-10th **Wk 3:** July 13th-17th **Wk 4:** July 20th- 24th **Wk 5:** July 27th- 31st

Wk 6: Aug. 3rd-7th **Wk 7:** Aug. 10th-14th **Wk 8:** Aug. 17th-21st **Wk9:** Aug. 24th-28th **Wk 10:** Aug. 31st - 4th

How Many Days Per Week? Please Circle: 3 Days 2 Days 1Day

Which Days Would You Need? (must be same each week, please circle): Mon Tue Wed Thu Fri

Lunch and Snack Questionnaire

Is child allergic or not allowed to eat any specific food? _____.

Installment Plan Form

Date _____	Installment _____	Date _____	Installment _____.
Date _____	Installment _____	Date _____	Installment _____.
Date _____	Installment _____	Date _____	Installment _____.
Date _____	Installment _____	Date _____	Installment _____.
Date _____	Installment _____	Date _____	Installment _____.

Parent Information	Contact Phone	Cell Phone
Mother's Full Name:	() - ext. () -	
Father's Full Name:	() - ext. () -	
Emergency Contacts (persons other than parents)	Contact Phone	Cell Phone
Full Name:	() - ext. () -	
Full Name:	() - ext. () -	
Full Name:	() - ext. () -	
Authorized Pickups (persons other than parents)	Contact Phone	Cell Phone
Full Name:	() - ext. () -	
Full Name:	() - ext. () -	
Full Name:	() - ext. () -	

Special Needs

Will your camper require medication during camp hours? **No** **Yes** If Yes, what type? _____

If Yes, Reason for Medication: _____

Please place my child in a group with the following children (not: **subject to availability only**)

_____ & _____ & _____

Comments: _____

2015 Tuition

Explorers 4:1 Max S/T Ratio				Discoverers 6:1 Max S/T Ratio			
Weeks	2015 Tuition	Early Bird Discount	Deposit	Weeks	2015 Tuition	Early Bird Discount	Deposit
10	\$1,100	\$990	450	10	\$1,750	\$1,575	\$675
8	\$880	\$792	\$400	8	\$1,400	\$1,260	\$600
6	\$660	\$594	\$300	6	\$1,050	\$945	\$450
4	\$440	\$396	\$200	4	\$700	\$630	\$300
2	\$220	\$198	\$100	2	\$350	\$315	\$150
**Explorers H/D Daily Rates \$75.00				** Discoverers H/D Daily Rates \$75.00			

PLEASE READ AND SIGN: Contract Agreement: I understand that payments are due on or before the first week of camp. Failure to pay the full balance by stated date will result in the automatic cancellation of enrollment and forfeiture of all fees paid to date. **Seat deposits are not refundable under any circumstances after June 1st.** FasTrackKids reserves the right to suspend and/or expel any camper. Refunds, if any, are at the sole discretion of FasTrackKids. I agree to allow my child to participate in all programs and allow the use of any photographs or video for future publicity material unless otherwise specified. I understand that by signing this agreement, I authorize FasTrackKids to make all necessary emergency decisions including medical treatment, when I or the persons I have listed above cannot be contacted.

Signature of Person Registering Camper _____ **Date:** ____/____/____.

OFFICE USE			
Full Camp Fee:	\$ _____.	Deposit:	-\$ _____.
Extended Hours Fee:	\$ _____.	Total Due:	\$ _____.