



Admissions Application Summer Camp 2017

426 So. Mills Rd. Ventura, CA. 93003 - 805-642-1562 - Fax 805-642-3246 License #561700113

Ages 2 thru 5

Child's Name _____ DOB _____ Age _____

Father _____ Mother _____

Address _____ City _____ Zip _____

Home Phone _____

Father's Cell # _____ Mother's Cell # _____

E-Mail Address: Father _____

Mother _____

My child will be attending:

The following days: ___M ___T ___W ___Th ___Fr

The hours my child will be attending are from: _____ AM to _____ PM

Please indicate which weeks your child/children will be attending:

___ June 19 to 23 _____ Deposit Paid

___ June 26 to 30 _____ Deposit Paid

___ July 3 to July 7 (Closed July 4) _____ Deposit Paid

___ July 10 to 14 _____ Deposit Paid

___ July 17 to 21 _____ Deposit Paid

___ July 24 to 28 _____ Deposit Paid

___ July 31 to August 4 _____ Deposit Paid

- I have attached/enclosed the registration fee of \$60 per child
- I have paid the \$20 deposit for each week my child will be attending
- I understand that I must pay the balance of each week in advance
- I understand that my account must be current in order for my child to attend

By Signing below I agree & understand the above statements:

Signature of Parent or Guardian

Date

Church Affiliation

For office use only:

Registration Paid by _____ Check _____ Cash Date Paid _____ Assigned to _____ Start date _____