



## San Geronimo Valley Community Center Summer Day Camp Registration Form

Camper's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Dr. Name & Phone \_\_\_\_\_

**Allergies** \_\_\_\_\_

Early-Bird **Special Tuition** \$150 When received by **June 6th**

**Pre-registration Tuition** \$170 When received by the Pre-Reg Due Dates below.

**Session Tuition** \$190

- Session 1 June 27 – July 1
- Session 2 July 5 – July 8
- Session 3 July 11 – July 15
- Session 4 July 18 – July 22
- Session 5 July 25 – July 29

**Pre-Reg. Due Dates**

- June 20
- June 27
- July 4
- July 11
- July 18

Before-care & After-care are offered for **\$7.00/hr.**     Before-care     After-care

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount to be charged \_\_\_\_\_

**Checks make payable to SGVCC.** Memo: Summer Camp and mail to:  
San Geronimo Valley Community Center, P.O. Box 194, San Geronimo, CA 94963

The San Geronimo Valley Community Center or Staff may not be held liable for any injury my child may sustain while attending the SGVCC Summer Day Camp. As a parent or guardian, I give my permission for my child to receive emergency medical treatment if I cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_