



2017 Summer at CDP Camp Experience Enrollment Form

Camper Information

First Name _____ Last Name _____ Birthday ___/___/___ Age _____
Gender _____ Address _____ Zip _____

Parent/ Guardian Information

Name _____ Email* _____
Relationship _____ Phone 1 _____ Phone 2 _____
Name _____ Email* _____
Relationship _____ Phone 1 _____ Phon2 _____

***Registration confirmations and other important information will be sent to this e-mail address**

Please check the session or sessions or child will be attending:

Session One: June 5- June 16 _____ **Session Two: June 19 – July 30** _____
Session Three: July 3 – July 14 _____ **Session Four: July 17 – July 28** _____

Please indicate your child’s schedule:

Full day 9am – 3pm: 5 Day _____ 3 Day _____ **Half day** 9am – 12pm: 5 Day _____ 3 Day _____
Early Birds 8am – 9am _____ **After Care** 3pm – 5pm _____

Is your child in vigorous health? _____ If not, please explain _____

Has your child ever had a serious illness? _____ What? _____

Any Allergies: _____ What are they and the reaction _____

Child’s Doctor _____ Phone# _____

I hereby authorize CDP to secure medical treatment for my child in case of the inability to reach me.

Deposits: Deposits are due at the time of registration for Summer Camp programs. \$100 by Mar.1

\$110 after Mar.1 per camper The registration fee is NON-REFUNDABLE after May 1, 2016.

Payment Schedule: Payments are due by the first day of the session your child is attending. We accept cash, check, credit card, and automatic payments.

Parent Signature _____

Date _____

Office Use

Date turned in _____ Early Bird reg. _____ After Mar.1 reg. _____

