



SOCCKER CAMP
FOR ENROLLED
SUMMER CHILD CARE CHILDREN

AGES 4 AND UP
CAMP will be MONDAY- FRIDAY
AUGUST 2nd thru AUGUST 6th
STEPANSKI CENTER

*There is a **NON-REFUNDABLE** fee of \$50.00 which includes:
AN OFFICIAL SOCCER BALL*

CAMP WILL BE HELD IN THE AFTERNOON
ENROLLMENT IS LIMITED
And will be on a first come first serve basis

Make checks payable to Waterford Schools

Participant's Last Name First Name Date of Birth Age

Address

Day Phone

Cell Phone #

Child Care Attending

MAKE SURE ALL YOUR CHILD'S INFORMATION ON HIS/HER CHILD CARE ENROLLMENT FORM IS UP TO DATE AND CORRECT, INCLUDING ALL PHONE NUMBERS AND EMERGENCY CONTACTS.

Initial

Date

Are there any medical conditions or special needs we should be aware of?

In case of emergency the school authorities have my permission to take such action as they deem necessary if I cannot be reached.

Parent/Guardian Signature

Date

For Child Care Use Only

Paid by Check # _____ MO# _____ Site _____

Amount \$ _____ Date Received _____ Received by _____