

Awesome Summer Adventure 2010 REGISTRATION FORM

Camper Name _____

Camper Street Address _____

City _____ State _____ Zip _____

Residing Parent's Name(s) _____ Home Phone _____

Parent E-mail _____ Cell Phone _____

Grade in Fall '10 _____ Birth Year _____ Sex: Boy Girl

Day Phone: Dad _____ Mom _____

Emergency Contact _____ Phone _____

Please check the week(s) you are registering your camper for:

1 2 3 4 5 6 7 8 9 10 11

Please check the day(s) of the week your child will be attending (rate is \$38 per day):

Monday Tuesday Wednesday Thursday Friday

DSHS families are full-time, Monday - Friday, and must be preapproved by DSHS.

PAYMENT INFORMATION:

Due to very limited spots in the Awesome Summer Adventure program, a monthly calculation of your child's usage will be determined by your requested days, then payment for that month is due by the 10th. Additional days may be requested at later dates, if space is available.

Payments and DSHS co-pays are due by the 10th of each month. Payments made after the 10th may be subject to a \$25 late fee.

Total Monthly Fee: \$ _____ *Deposit Amount: \$ _____ (\$25 minimum deposit per week)

*If you receive DSHS assistance, please enter co-pay amount: \$ _____

If paying by Visa or MasterCard, please complete the information below:

Visa MasterCard Expiration Date _____ SV Code # (3 #'s on back of card) _____

Card # _____

Cardholder's Name (Print) _____

Cardholder's Signature _____

Cardholder's Mailing Address _____

Relationship to Camper _____

Return Your Completed Forms Today!

To: Jan Rutgers
ASA / Fircreek Registrar
4605 Cable Street
Bellingham, WA 98229

Fax: (360) 733-6926
Phone: (360) 733-6840