



# 2024 WCC CAMP

## CAMP REGISTRATION FORM

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Grade as of 9-1-2024** \_\_\_\_\_

PK (must be 4yrs old by 6/1) to 6<sup>th</sup> grade only

**Address** \_\_\_\_\_  
Street City State Zip Code

**Phone #** \_\_\_\_\_ **Gender** Male Female **WCC Member** Non-Member

**Parent/Guardian #1 Full Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Parent/Guardian #2 Full Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Child's T-Shirt Size (Circle One)**      **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**    **AXXL**

**PLEASE ONLY FILL IN THE ABOVE INFORMATION. WE WILL HELP YOU WITH THE REST!**

- 1. Summer Camp Total ..... \$ \_\_\_\_\_
- 2. Deposit (\$50.00 per week x \_\_\_ weeks) ..... \$ \_\_\_\_\_
- 3. Reg. Before 5/1/24 (\$20 off full day/full week x \_\_\_ weeks)..... \$ - \_\_\_\_\_
- 4. Sibling Discount (\$20 off full day/full week x \_\_\_ weeks)..... \$ - \_\_\_\_\_
- 5. Extra Camp Shirts (# of shirts \_\_\_ x \$6.00) ..... \$ \_\_\_\_\_
- 6. Total balance due..... \$ \_\_\_\_\_

**Balance payments are due:**

- Weeks 1, 2, 3: **May 3, 2024**
- Weeks 4, 5, 6: **May 17, 2024**
- Weeks 7, 8, 9, 10: **June 7, 2024**

**For Office Use Only**

**Date received** \_\_\_\_\_

**Staff Initials** \_\_\_\_\_

**Date in Frontline** \_\_\_\_\_

**Date in Camp Brain** \_\_\_\_\_

**Parent Packet Sent/Given** \_\_\_\_\_

**Parent Packet Returned** \_\_\_\_\_

**T-Shirts Received** \_\_\_\_\_

(Parent's initials)

Make check payable to the Woodbridge Community Center

**For all auto deduct payments please complete below:**

**SIGNATURE OF CARDHOLDER** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_ **EXP. DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please charge my credit card on balance due dates checked:

May 3 \_\_\_\_\_ May 17 \_\_\_\_\_ June 7 \_\_\_\_\_

**REGISTRATION AGREEMENT: Please Read Carefully**

- 1. Registrations received before May 1, 2024 will receive a \$20.00 per week reduction on full day, full week programs.
- 2. Must register for a minimum of 3 days per week.
- 3. Balance of each week is due on the dates listed above.
- 4. A late fee of \$15.00 per family will be charged once a payment is 5 days past due.
- 5. There is a \$20.00 service charge for all returned checks.
- 6. There will be no refunds or credits issued after May 1, 2024.
- 7. There is a change fee of \$15.00 per family, per week for changes made after May 1, 2024.
- 8. All balances must be PAID IN FULL for admittance.
- 9. Camp deposits are **COMPLETELY NON-REFUNDABLE**.
- 10. After 4:30 (WITHOUT AFTER CARE): \$20.00 fee for the first 10 minutes and \$2.00 for each minute thereafter.
- After 6:30 (With AFTER CARE): \$20.00 fee for the first 10 minutes and \$2.00 for each minute thereafter.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_