

LITTLE TOTS II TEEN  
SUMMER CAMP 2009

Paid Reg: \$ \_\_\_\_\_  
Sec. Dep: \$ \_\_\_\_\_  
Check #: \_\_\_\_\_  
Group: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ E-mail \_\_\_\_\_

Child's D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Please check off the following weeks your child will attend summer camp.

June	JULY	August
22-26 _____	08-10 _____	03-07 _____
29-03 _____	13-17 _____	10-14 _____
	20-24 _____	17-21 _____
	28-01 _____	24-28 _____

Please check off the days of the week your child will attend summer camp:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Complete this section below if DHS childcare assistance applies:

No child can start without a valid certificate number.

Certificate Number: \_\_\_\_\_ Approval dates: \_\_\_\_\_