

Ellicott City Fitness and Karate Summer Camp 2011 Registration Form

Camper Name: _____ Age: _____

Current School & Grade: _____

Parent/Guardian: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please check/circle all that apply:

Week of June 27: _____ or specify days M Tu W Th F

Week of July 5: _____ or specify days Tu W Th F

Please note that we will be closed on July 4th.

Week of July 11: _____ or specify days M Tu W Th F

Week of July 18: _____ or specify days M Tu W Th F

Week of July 25: _____ or specify days M Tu W Th F

Week of August 1: _____ or specify days M Tu W Th F

Week of August 8: _____ or specify days M Tu W Th F

Week of August 15: _____ or specify days M Tu W Th F

Week of August 22: _____ or specify days M Tu W Th F

Are you enrolling a sibling(s)? Name of sibling(s):

First child is full cost, \$20 off per week for each additional sibling.

Ellicott City Fitness and Karate Summer Camp 2011 Registration Form

Cost/Fees Worksheet:

Step 1: \$195 per week x Number of weeks _____

OR \$45 per day X Number of days _____

Subtotal 1: _____

Step 2: Before Care: \$15/day, if needed, from 7 AM _____

After Care, \$10/day, if needed, until 5 pm/day _____

OR \$100 per week Before & After Care _____

Subtotal 2: _____

Total cost (Please add Subtotal 1 and Subtotal 2): _____

Step 3:

\$50 Non-Refundable deposit guarantees a space for your child.

The balance is payable by cash, check or credit card

Total Amount Enclosed: _____

Make checks payable to: **Ellicott City Fitness and Karate** and mail registration form and payment to:

Ellicott City Fitness and Karate
8100 Hillsborough Road, Ellicott City, MD 21043

For questions, please call 443-574-8999