



# REGISTRATION FORM SCHOOL YEAR CAMP 2017-2018

## Druid Hills Child Development Center School Year Camp Registration Form

- Functions within our current hours of operation 7:30am-6:00pm
- School Year Camp provides care for the APS School Calendar Holiday Schedule
- Have the guidance of our skilled team: Ms. Marcia, Ms. Randi, and Ms. Cheri
- Required signed Registration Form and Payment are due to reserve your requested date(s). *Please do not turn in registration form unless payment is provided.*
  - The cost of drop-in is \$60.00 per day. Please complete the registration form for the days/weeks you would like for your child to participate. **All registration is confirmed and your space is reserved with payment. Please do not turn in registration forms without payment.**

Children will enjoy:

- Arts and Crafts
- Sports Day
- Movies and games
- Pajama day, hat day, costume day, etc.

### Cancellation Policy

We will issue no refunds for cancellations. Verbal notification is always helpful however it will not result in a refund. There will be no refunds for not attending. Space is limited so please review the provided calendar of activities and select the days that you plan to attend.

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**Parent's Signature**

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**Child's Name**



# REGISTRATION FORM SCHOOL YEAR CAMP 2017-2018

Child's Name: \_\_\_\_\_ Child's Age and Birthdate: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Completed \_\_\_\_\_

## January 2-5, 2018

| <i>Initial next to desired day(s)</i> | <b>Week/Dates</b>          |
|---------------------------------------|----------------------------|
|                                       | Tuesday, January 2, 2018   |
|                                       | Wednesday, January 3, 2018 |
|                                       | Thursday, January 4, 2018  |
|                                       | Friday, January 5, 2018    |

I understand that the dates I have selected above are only confirmed with attached payment and that all payments are non-refundable regardless of attendance or illness.

\_\_\_\_\_  
Parent Signature

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