



2010 Summer Camp Registration Form

Please mail or return forms to 116 Hilton Ave., Durham, NC 27707

Camp is held in our after-school building at the address above, directly behind our main campus at 2400 University Dr.

Camper Information

Child's First Name *(Please print clearly on the line above.)* _____

Last Name _____

Goes By _____

Sex: M F Date of Birth: _____ Age as of June 1, 2010: _____

Current School/Daycare _____

Is your child enrolled at MCHD for the 2010-11 school year?
 Yes No

Parent/Guardian Information

Ms. Mr.

Ms. Mr.

First Name *(Please print clearly on the line above.)* _____

Last Name _____

First Name _____

Last Name _____

Home Address _____

Home Address (if different) _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Home Phone _____

Work Phone _____

Email Address (for Registration Confirmation; please write clearly) _____

Email Address (for Registration Confirmation; please write clearly) _____

Camp Registration: Select the desired weeks from the table below. Also check the Extended Hours Needed box if you need Extended Hours during that week.

Week	Dates	Theme	Check Selection(s)	Extended Hours Needed
1	June 14-18	The Wonders of Water	<input type="checkbox"/>	<input type="checkbox"/>
2	June 21-25	Going Green	<input type="checkbox"/>	<input type="checkbox"/>
3	June 28-July 2	Famous Artists	<input type="checkbox"/>	<input type="checkbox"/>
4	July 12-16	Dragon Lore	<input type="checkbox"/>	<input type="checkbox"/>
5	July 19-23	Insects, Insects, Insects	<input type="checkbox"/>	<input type="checkbox"/>
6	July 26-30	Dramatic Play	<input type="checkbox"/>	<input type="checkbox"/>
7	August 2-6	Coral Reefs	<input type="checkbox"/>	<input type="checkbox"/>
8	August 9-13	Old and New Fables	<input type="checkbox"/>	<input type="checkbox"/>
9	August 16-20	Best of Summer 2010	<input type="checkbox"/>	<input type="checkbox"/>

Regular Schedule: 8:30am - 3:00pm Daily
\$220 per child per week

Extended Hours Option: 3:00-5:30pm Daily
\$55 per child per week

How did you hear about our summer camp program?

Word of mouth

MCHD

Summer Camp Fair

Publication Ad: _____

Another school: _____

Calculate total payment: Fees due at time of registration; please see Fees and Payment Schedule for more detailed information

Camp # of weeks ____ X \$220 = \$ _____

Extended Hours Option # of weeks ____ X \$55 = \$ _____

Fee if Registering after April 1st Add \$25 + \$ _____

Total Fees \$ _____

OVER →→→

