

Camp Sunshine Summer Camp 2017 Registration Form

We must receive this form and a deposit of \$50 to hold your child's place for summer camp.
Full camp fees are due 30 days prior to your child's first day of summer camp.
 Please contact Nicole Webb at 818.778.7136 or kidslikeme@thehelpgroup.org with questions or concerns.

Part A: Camper Information

Child's Last Name: _____ Child's First Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: (____) _____ Parent Email: _____ Date of Birth: ____/____/____
 School: _____ Grade in Fall 2017: _____ Age: ____ Male Female

Part B: Camp Sessions

Desired Camp Location: Sherman Oaks Culver City

Sessions	M-F Program	MWF Program	TTh Program	1-to-1 Aide	Total
June 12-June 16	<input type="checkbox"/> \$600	<input type="checkbox"/> \$360	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60/day Total: _____	\$
June 19-June 23	<input type="checkbox"/> \$600	<input type="checkbox"/> \$360	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60/day Total: _____	\$
June 26-June 30	<input type="checkbox"/> \$600	<input type="checkbox"/> \$360	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60/day Total: _____	\$
July 3-July 7*	<input type="checkbox"/> \$480	<input type="checkbox"/> \$360	<input type="checkbox"/> \$240 (M, Th)	<input type="checkbox"/> \$60/day Total: _____	\$
August 7-August 11	<input type="checkbox"/> \$600	<input type="checkbox"/> \$360	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60/day Total: _____	\$
August 14-August 18	<input type="checkbox"/> \$600	<input type="checkbox"/> \$360	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60/day Total: _____	\$
August 21-August 23* (Sherman Oaks only)		<input type="checkbox"/> \$360 (M-W)		<input type="checkbox"/> \$60/day Total: _____	\$
Sub Total:					\$
- 15% Early Bird Discount (before May 12, 2017)					\$
+\$50 Late Registration Fee (within 2 weeks of camp start date)					\$
TOTAL CAMP COST					\$

* Prorated camp rate for short weeks. No camp on Tuesday, July 4th.

Part C: Payment Information

Pay full amount Pay other amount \$ _____

Option 1: Pay fees online at www.kidslikemela.org (Click on "Make a Payment" in top right corner)

Option 2: Pay fees using credit card Visa Mastercard AMEX

Card Number: _____ Exp. Date: ____/____ Security Code: _____

Cardholder Name: _____ Signature: _____

Billing Address: _____ City/State: _____ Zip: _____

Option 3: Pay fees with check of money order (Please make checks or money orders out to The Help Group)

Part D: Child's Shirt Size

YS YM YL YXL AS AM AL AXL AXXL

Part E: Carpool Can we give out your contact information to other parents for carpool opportunities? Yes No