

Teens On The Go Summer 2017 Registration Form

We must receive this form and a deposit of \$50.00 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: Culver City Sherman Oaks

Sessions	M-F Program	MWF Program	Total
June 12-June 16	<input type="checkbox"/> \$650	<input type="checkbox"/> \$390	\$
June 19-June 23	<input type="checkbox"/> \$650	<input type="checkbox"/> \$390	\$
June 26-June 30	<input type="checkbox"/> \$650	<input type="checkbox"/> \$390	\$
July 3-July 7*	<input type="checkbox"/> \$520	<input type="checkbox"/> \$390	\$
August 7-August 11	<input type="checkbox"/> \$650	<input type="checkbox"/> \$390	\$
August 14-August 18	<input type="checkbox"/> \$650	<input type="checkbox"/> \$390	\$
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

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 or Money Order (Please make checks or money orders out to The Help Group)

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