

OFFICE  
USE

Tuition \_\_\_\_\_

Enrollment \_\_\_\_\_



**T-SHIRT SIZE: Adult \_\_\_ Child \_\_\_**  
**Please circle: Sm. Med. Lg. XL. XXL**

Mail To: 300 SE Martin Luther King Blvd. • Evansville, IN 47713 • Attention: Sharon • Phone: 812.421.3800

Child's Name \_\_\_\_\_ Age (as of May 15, 2008) \_\_\_\_\_ Birth Date \_\_\_\_\_

Male  Female  Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Primary Guardian \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical History (Please give a brief description of your child's medical history. Please list any physical or mental limitations your child may have.) \_\_\_\_\_

Please list the medications that your child is currently taking.

\_\_\_\_\_  
\_\_\_\_\_

Please list the foods and/or medications your child is allergic to.

\_\_\_\_\_  
\_\_\_\_\_

**DEPOSIT AMOUNTS (each child)**

5 Day: \$110.00, 4 Day: \$100.00 3 Day: \$90.00, 2 Day: \$80.00, 1 Day: \$70.00, 4 Week: \$75.00, 2 Week: \$50.00 - Non-refundable • Does not apply to tuition

**Please check the appropriate box(s) and sign at the bottom**

5 Day Enrollment (Fee: \$130.00 per week for the first child, \$115.00 per week for every child thereafter)

Yes, I agree to enroll my child in Camp Reveal's Summer Day Camp Program. I also agree to pay the tuition fee for my child. I understand that this is a full time program, and that I am obligated to pay for the entire 11 weeks.

4 Day Enrollment (Fee: \$120.00 per week for the first child, \$105.00 per week for every child thereafter)

Yes, I agree to enroll my child in Camp Reveal's Summer Day Camp Program. I also agree to pay the tuition fee for my child. I understand that this is a full time program, and that I am obligated to pay for the entire 11 weeks.

3 Day Enrollment (Fee: \$105.00 per week for the first child, \$90.00 per week for every child thereafter)

Yes, I agree to enroll my child in Camp Reveal's Summer Day Camp Program. I also agree to pay the tuition fee for my child. I understand that this is a full time program, and that I am obligated to pay for the entire 11 weeks.

2 Day Enrollment (Fee: \$85.00 per week for the first child, \$70.00 per week for every child thereafter)

Yes, I agree to enroll my child in Camp Reveal's Summer Day Camp Program. I also agree to pay the tuition fee for my child. I understand that this is a full time program, and that I am obligated to pay for the entire 11 weeks.

1 Day Enrollment (Fee: \$50.00 per week for the first child, \$35.00 per week for every child thereafter)

Yes, I agree to enroll my child in Camp Reveal's Summer Day Camp Program. I also agree to pay the tuition fee for my child. I understand that this is a full time program, and that I am obligated to pay for the entire 11 weeks.

4 Week Enrollment (Fee \$150.00 per week per child) Weeks: \_\_\_\_\_

2 Week Enrollment (Fee \$200.00 per week per child) Weeks: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I fully understand this contract and I agree to pay Camp Reveal all of the specified fees stated in this contract. I also understand that I must give Camp Reveal a 3 week notice to cancel or change enrollment(s).

\*\*All costs that are incurred for collection purposes will be paid by the assignee.



**By signing this contract I agree to let Camp Reveal use any Day Camp activity pictures for promotional purposes.**