2018 Summer Explorations Application Part One

Student Name		Age	as of 6/11/18	(Please Circle) F or M
Grade and School (2017-18 school)	year)			
Shirt size (Circle One) adult S ad	ult M adult L adult XL			
Street Address				
City	State	Zi _]	p	
Home Phone	Other Phone_			
Mother:				
Work Phone	Cell Phone			
Father:				
Work Phone	Cell Phone			
Please list an special needs or (i.e. allergies, medicines to be Dream It - Build It @ \$37	dispensed by Camelot	ŕ	,	
Week of July 16 - Histor Week of July 30 - Build Week of August 6 - Buil	a Floating Dock	on		
Film Making @ \$375 per	Week (9:00 AM -	4:00 P	<u>M)</u>	
Week of July 16	Early Drop-Off (\$3	5)	I	Late Pick up (\$50)
Wild Arts @ \$375 per W	eek (9:00 AM – 4:00	<u>0PM)</u>		
-	Early Drop-Off (\$3 Early Drop-Off (\$3			Late Pick up (\$50) Late Pick up (\$50)

_# Total Number of Camp Weeks Reserved

2018 Summer Explorations Application Part Two

Payment				
\$375 x \$35 x \$50 x	# of Camp Wed # of Early Drop-of # of Late Pick Up Total Camp Fee:	o =		
(\$25 Early)	Bird Discount per week if pai		2018)	
\$	Total Amount D	ue		
Payment	Terms Selected:			
	ion 1: Full Payment Now		_	
(\$25 Early	<mark>bird discount per week if pai</mark>	d in full by March12.	9	
	tion 2: 50% Camp Fee + Reth remaining 50% Camp Fee			
Cash	/Check Enclosed	Charge to n	ny Credit Card listed below	
Card Name				
Card Numb	er		_ Expiration Date	_
	ature on this form indicated herein, including refu		nding of, and agreement to the policies.	e
Parent Sig	gnature		Date	
Mail to:	Camelot Academy Su 809 Proctor St. Durha	_		
Fax:	(919) 682-4320	Phone:	(919) 688-3040	