

1901 Preston Park Blvd, Plano, TX 75093  
(972) 491-1916 – Fax (972) 596-8621  
Email to: [accounting@infinitebounds.co](mailto:accounting@infinitebounds.co)

To guarantee your child's a spot in our Winter Camp, please complete this form and return it to Infinite Bounds along with your payment. (Please print clearly)

Name of Child: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Mother:** Cell # \_\_\_\_\_ **Father:** Cell # \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Email Address (Will be used for IB communications only. Will not sell or give out) \_\_\_\_\_

Medical Conditions, Handicaps or Allergies: \_\_\_\_\_

Regular Camp Hours: 9:00am - 2:00pm (See rates below) Extended Hours: 2:00pm - 5:00pm (\$15 per day)  
Early drop off: 8:00 am (\$3.00 per day)

<input type="checkbox"/> Monday 3/10	<input type="checkbox"/> Check for Stay-N-Play	<input type="checkbox"/> Early Drop Off
<input type="checkbox"/> Tuesday 3/11	<input type="checkbox"/> Check for Stay-N-Play	<input type="checkbox"/> Early Drop Off
<input type="checkbox"/> Wednesday 3/12	<input type="checkbox"/> Check for Stay-N-Play	<input type="checkbox"/> Early Drop Off
<input type="checkbox"/> Thursday 3/13	<input type="checkbox"/> Check for Stay-N-Play	<input type="checkbox"/> Early Drop Off
<input type="checkbox"/> Friday 3/14	<input type="checkbox"/> Check for Stay-N-Play	<input type="checkbox"/> Early Drop Off

**RATES:**

\$35.00 - 1 day camp	
\$70.00 - 2 day camp	Early Drop-Off \$3 per day
\$100.00 - 3 day camp	
\$120.00 - 4 day camp	Stay-N-Play \$15 per day
\$150.00 - 5 day camp	

Infinite Bounds has my authorization to charge camp fees to the credit or debit card listed below. I understand no refunds will be given.

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card **(Please Print)**: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

**For Office Use Only:**

Date: \_\_\_\_\_ Reg By: \_\_\_\_\_

Amount: \_\_\_\_\_ F.O.P: \_\_\_\_\_

Start Date: \_\_\_\_\_ ☐ Q ☐ R

**Notes:**