

Registration for the Island Community Center's Camp Kooky / Summer 2009

Full Name _____

Address _____

Home Phone _____

Grade Completed in June _____

Birth date _____

Age _____

Mom's Name

Dad's Name

Work #

Work #

Cell/Pager #

Cell/Pager #

Known medical conditions, allergies or issues:

How would you describe your child?

What are you hoping your child will gain from this camp experience?

What are your child's strengths?

What are your child's weaknesses?

Any issues/concerns the camp director should be made aware of?

Camp Kooky

Island Community Center / Summer 2009

Please select which week(s) you would like your child(ren) to attend. There is a \$40.00 nonrefundable deposit per camper for each week you select.

Monday - Friday 8:00 a.m. - 5:00 p.m.

___ Week 1	July 20-24
___ Week 2	July 27 – July 31
___ Week 3	August 3 – 7
___ Week 4	Aug. 10- 14

Staff: Camp Director - Josephine Sullivan

Cost per week: \$120 resident \$160 nonresident

Family discounts offered:

One child per week = \$120
Second child per week = \$110
Third child per week = \$95

Full payment will be accepted in advance or you may pay weekly on Monday mornings. Checks should be made payable to Island Community Center.

___ I would like more information on a possible scholarship. I have enclosed a \$40. deposit.

Please return this registration and your appropriate fees to Pat Gross, Island Community Center, P.O. Box 617 Stonington, ME 04681.

Parent Signature

Date

