

# Registration for the Island Community Center's Camp Kooky

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 Application

## Island Community Center

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. - 4:00 p.m.

Week 1 July 19 - July 23

Week 2 July 26 - July 30

Week 3 August 2 - 6

Week 4 Aug. 9 - 13

**Staff: Camp Director - Josephine Sullivan**  
**Assistant - Rosella Moran**

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 the \$40 nonrefundable 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