

GLENDORA UNIFIED SCHOOL DISTRICT
2018 SUMMER DAY CAMP APPLICATION

I would like to enroll my child in the Glendora Unified School District Summer Day Camp Program.

Child's Name _____ Age _____ M F

Neighborhood School _____ Grade in Fall 2018 _____

Address _____ City _____

Zip Code _____ Home Phone _____

Email Address (for billing purposes) _____

Parent/Guardian 1 Name _____ Daytime Phone _____

Parent/Guardian 2 Name _____ Daytime Phone _____

Please circle t-shirt size:

Youth			Adult		
sm	med	lge	sm	med	lge

Each student receives one camp T-shirt. Additional shirts may be purchased for \$8 per shirt. Orders must be made and paid for at the time of registration. T-shirt size cannot be guaranteed if registration is received after May 7, 2018.

Enrollment: Please indicate the week(s) your child will attend summer day camp.

- | | | | |
|----------------------------|-------|--|-------|
| Week 1 – June 4 - June 8 | _____ | Week 6 – July 9 – July 13 | _____ |
| Week 2 - June 11 – June 15 | _____ | Week 7 – July 16 – July 20 | _____ |
| Week 3 – June 18 – June 22 | _____ | Week 8 – July 23 – July 27 | _____ |
| Week 4 – June 25 – June 29 | _____ | Week 9 – July 30 – August 3 | _____ |
| Week 5 – July 2 - July 6 | _____ | There will be no daycare on July 4. | |

I understand that in order to cancel any reserved weeks, I must notify the Child Development Office in writing at least two weeks in advance. I also understand that there is a **\$20 withdrawal charge per child for each cancellation request. I understand I will be billed for all weeks reserved unless the office is notified in writing at least two weeks in advance of the week(s) I wish to cancel.**

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature

Please return the completed form with a **\$208 (\$218 after May 1)** deposit to:
Glendora Unified School District
Child Development Office
301 S. Loraine Avenue
Glendora, CA 91741