

**2009 SUMMER DAY CAMP
PAYMENT FORM**

Father Name _____ Mother Name _____

Address _____

City _____ State _____ Zip _____

Village Resident _____ Township Resident _____ Non-Resident _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E Mail Address _____

Child's Info: Lives with: Both Parents _____ Mother _____ Father _____ Other _____

Child's Name: _____ DOB ___/___/___ Gender _____

_____ \$25 per day for Antioch Residents (60002 zip code) _____ \$30 per day for Non-Residents

_____ \$2 per day extra for Early Bird (6:30 a.m. - 8:30 a.m.)

Pool Pass included _____ **Pool Pass \$25** _____ **Date Paid** _____ **Cash/Check#** _____

Please Circle Days Needed Below

You will be responsible to pay for all days circled below by the deadline listed. Please use pencil below.

Session 1 (June 10 - July 2)					Payment Deadline 5/20/09					(17 Total Days available)						
W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th
10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	1	2
(No class 7/3)																

# Days _____	x \$ _____	(@ per day) = \$ _____	Total Session Payment
Date Pd.	Cash/Check#	Office Use Only	

Session 2 (July 6 - 31)					Payment Deadline 6/20/09					(20 Total Days available)									
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	31

# Days _____	x \$ _____	(@ per day) = \$ _____	Total Session Payment
Date Pd.	Cash/Check#	Office Use Only	

Session 3 (August 3 - 14)					Payment Deadline 7/20/09					(10 Total Days available)				
M	T	W	Th	F	M	T	W	Th	F					
3	4	5	6	7	10	11	12	13	14					

# Days _____	x \$ _____	(@ per day) = \$ _____	Total Session Payment
Date Pd.	Cash/Check#	Office Use Only	

\$50 Non-Refundable Registration Fee _____ **Date Paid** _____ **Cash/Check #** _____