

**2010 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 7 - July 2)					Payment Deadline 5/20/10					(20 Total Days available)									
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	1	2
(No class 7/5)																			

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

Session 2 (July 6 - 30)					Payment Deadline 6/21/10					(19 Total Days available)									
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
X	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30

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

Session 3 (August 2 - 13)					Payment Deadline 7/20/10					(10 Total Days available)									
M	T	W	Th	F	M	T	W	Th	F										
2	3	4	5	6	9	10	11	12	13										

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

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