



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mt View Summer Camp

Today's Date: _____

Participant Name (Last, First): _____

Gender: M F Date of Birth: _____ Grade (2017-2018): _____

Parent/Guardian Name (Last, First): _____ Date of Birth: _____

Email Address: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Alternative Phone: _____

Session Name	Session Dates	Days Per Week	Total Fee	Fee (Bring over from session choice)	Deposit \$25.00 Due at Registration	Balance Due (fee minus deposit)	Date Payment is Drafted
Session 1: June	06/13/17 – 06/30/17	5 Days	\$570				06/05/2017
Session 2: July	07/03/17 – 07/30/17	5 Days	\$760				06/26/2017
Session 3: August	07/31/17 – 08/18/17	5 Days	\$570				07/24/2017
			Weekly				
Week 1	June 13-16	5 Days	\$190				06/05/17
Week 2	June 19-23	5 Days	\$235				06/12/17
Week 3	June 26-30	5 Days	\$235				06/19/17
Week 4	July 3-7	5 Days	\$190				06/26/17
Week 5	July 10-14	5 Days	\$235				07/03/17
Week 6	July 17-21	5 Days	\$235				07/10/17
Week 7	July 24-30	5 Days	\$235				07/17/17
Week 8	July 31-August 4	5 Days	\$235				07/24/17
Week 9	August 7-11	5 Days	\$235				07/31/17
Week 10	August 14-18	5 Days	\$235				08/07/17
				Total for Summer	Total	Total Balance	

Method of Payment: Check Enclosed Credit Card: Visa American Express Master Card

Credit Card #: xxxx-xxxx-xxxx (last 4 digits only) _____ Exp: ____/____

Name on Account.: _____

Signature of cardholder: _____

Registration form is not complete without an online account screenshot attached.

Unless you are paying the entire balance now, you must provide a credit card for monthly drafting of your payments.