Apex Cheer & Athletics, LLC SUMMER CAMP REGISTRATION FORM

Participant's Name		Sex_	DOB	Age as of June 1, 2020
Medical conditions or special	requirements:			
Guardian's Name:		Place of I	Business:	Cell ()
Guardian's Name:		Place of E	Business:	Cell ()
Home Address:			City	StZip
Home Phone ()	E-mail_			
Camp Registra	tion Dates			
oump regions	Register (please put X next to weeks registering for)	Early Care (7:00am – 8:30am) (Y or N)	Late Care (3:30pm – 6:00pm) (Y or N)	
Week # & Dates	(\$195 / week / child)	\$25 / week	\$40 / week	
Wk # 1: Jun 1 - 5				
Wk # 2: Jun 8 - 12				
Wk #3: Jun 15 - 19				
Wk #4: Jun 22 - 26				
Wk #5: Jun 29 – Jul 3				
Wk #6: July 6 – 10				
Wk #7: July 13 - 17				
Wk #8: July 20 - 24				
Wk #9: July 27 - 31				
Wk #10: Aug 3 - 7				
Wk #11: Aug 10 - 14				
Wk #12: Aug 17 - 21				
 If I drop my Early Care fee of \$25 fo If I have to p pick-up fee of \$1.00 per those enrolled in late of 	child off prior to the start or the week. oick up my child late, I mu or minute will be assessed are).	of camp any da st contact the fr after the pick-u	y of the week a ont office as so p time (after 3:	igned up for early or late care). and I am NOT registered for Early Care, I will be assessed the con as possible to notify them. I also understand that a late 30 for those not enrolled in late care, and after 6:00pm for
• I have read, u	understood, and agree to	abide by the po	licies set forth	in the Apex Cheer & Athletics Summer Camp Handbook.
Parent or Legal Guardian				Date