



Christopher Academy

1390 Terrill Road
Scotch Plains, New Jersey 07076
Fax (908)322-4616
(908)322-4652

SUMMER CAMP REGISTRATION FORM 2017

SCOTCH PLAINS CAMPUS

Half-Day Camp Program 9:00 AM – 1:00 PM

Full-Day Camp Program 9:00 AM – 3:00 PM

Child's Name _____

Address _____ City/State _____ Zip _____

Phone _____ Date of Birth _____

Parent #1 Name _____ Business Phone _____

Parent #1 Email _____

Business Address _____ City/State _____

Parent #2 Name _____ Business Phone _____

Parent #2 Email _____

Business Address _____ City/State _____

Pediatrician (Name & Phone) _____

Allergies _____

Sight, Hearing or Speech Defects _____

Social Adjustments _____

Emergency Contact _____ Phone _____

Address _____ City/State _____

Emergency Contact _____ Phone _____

Address _____ City/State _____

*Please include Registration Fee (below in parentheses) with this application. This fee is refundable up to **May 1, 2017**. The Registration Fee is applied toward the final tuition. Full payment is due by **June 1, 2017**. No refunds will be given for absences, or for any other reason, during camp sessions. ***Registration fee amounts indicated below in parentheses.***

PLEASE INDICATE BELOW YOUR WEEK AND SESSION CHOICES

Week of: June 26 ___ July 3 ___ July 10 ___ July 17 ___ July 24 ___ July 31 ___

CAMP FEES HALF DAY

CAMP FEES FULL DAY

- ___ 6 weeks
- ___ 5 weeks
- ___ 4 weeks
- ___ 3 weeks
- ___ 2 weeks

- ___ 6 weeks
- ___ 5 weeks
- ___ 4 weeks
- ___ 3 weeks
- ___ 2 weeks

Please note that enrollment is contingent on a TWO-WEEK MINIMUM. Additional weeks may be added.

If attending the week of July 3, you may deduct \$95 for the Full Day program or \$60 for the Half Day program.

Please forward your check and registration form to:

Christopher Academy, 1390 Terrill Road, Scotch Plains, New Jersey 07076