Summer Camp Registration Form 2016

(Make copies for additional children)  
Please mail back to: Sunsational Summer Camp P O Box 287 Eau Claire WI 54702  
camp will start May 23 (if the school has space for us otherwise 5/26)

(Camp will end on August 30th.)

Mom’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (for billing purposes)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_zip\_\_\_\_\_\_\_\_\_

Child lives with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad’s Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is currently enrolled in the Grace School- age Childcare Program \_\_\_\_\_\_yes \_\_\_\_\_no  
Name of school your child attends\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
I receive County Assistance (Shares Program) No \_\_\_\_ Yes \_\_\_\_\_   
 My Caseworker is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_

I currently use ACH for my payments and wish to continue\_\_\_\_\_\_\_\_\_\_(initial)  
I would like to sign up for automatic ACH payment and would like to be sent information on this program\_\_\_\_\_\_\_  
At this time I am uninterested in ACH program and agree to the billing terms as outlined in the 2016 Sunsational Summer Camp brochure. I have enclosed my deposit equaling one week of care.\_\_\_\_\_\_\_\_\_\_\_

If Mom and Dad have shared custody and will be splitting the bill both Parties will need to fill out this form. Please tell us how the account should be split. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s schedule will be: Drop off \_\_\_\_\_\_\_ AM Pick Up \_\_\_\_\_\_\_\_\_\_PM

Days my child will attend M T W TH F  
Please check a weekly rate  
 first child/second child  
\_\_\_ 5 Days $162.50/ $147.50\_\_\_  
\_\_\_4 Days $132.00/ $120.00\_\_\_  
\_\_\_ 3 Days $103.50/ $94.50 \_\_\_  
\_\_\_2 Days $71.00/ $65.00 \_\_\_  
Youngest child is the non-discounted rate

If you have already planned vacation please note the days here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: After you have used your one week of vacation, and one week of missed days paid at $15.00 per day you will then pay the normal rate based on the originally committed schedule.**

 Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_

Male\_\_\_\_ Female \_\_\_\_\_

You will be receiving one t-shirt with your camp registration. If you would like to order more you can do this by enclosing $12.00 for each additional shirt. Please pick your child’s shirt size.

Youth Small \_\_\_\_  
Youth Med \_\_\_\_  
youth Large \_\_\_\_  
Adult Small \_\_\_\_  
Adult Med \_\_\_\_   
Adult Large \_\_\_\_  
I wish to purchase another shirt.\_\_\_\_\_

**If you would like access to our private Sunsational Summer Camp Facebook where we will place updates and photos, please give us your Facebook name even if we have it from last year as it will be a new group. Make sure we have your name exactly as it is for your account on Facebook. Ie Mickey Mouse/ Mickey Jones Mouse / Mickey Smith-Mouse / Mick Mouse)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please help us group your child in the correct swimming group by answering a few questions about your child’s swimming ability and listening abilities. Please note that all children will be tested on their first day of swimming with us and the final decision of which group they belong in will be based on the skills they show is. We will be testing throughout the summer because we anticipate the children’s skills to keep improving. If at any time you have a question please let staff know.

My Child is afraid of the water  
 My Child does not swim  
 My child does not swim but thinks the s/he can  
 My child has taken some swimming lessons and can swim but not in water over his head  
 My child has taken many swimming lessons and can swim in water over his head

Any other comments about your child’s swimming ability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_