



2011 REGISTRATION FORM

(Complete one Registration Form per child)

Child's Name _____ M F

Age/Birthday _____ Grade _____ T-Shirt Size _____ Child Size Adult Size

Ethnicity: American Indian/Alaskan Native Asian Black (not Hispanic origin) Native Hawaiian or Other Pacific Islander Other/Unknown White (not of Hispanic origin) Other _____

Primary Language: English Spanish Other _____

School _____

Principal Name _____ Elementary/Middle School Teacher Name _____

Math Teacher Name _____ English Teacher Name _____

Parent's Name(s) _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Relative (Relationship)/Guardian's Name(s) _____

Address _____ City/County _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Signed _____ Date ____/____/2011

How do you know about Camp Village?

Friend Flyer/bulletin Billboard Web Atlanta Parent Magazine Newspaper YouTube Other _____

Referred by _____

Fees (breakfast, lunch & snacks included in fees):

- Each Session is \$300 per week OR
 - (50% off, if registered by May 14, 2011)
 - (50% off, Referrals)
 - (50% off, Pre-pay Summer Package)
 - (50% off and 1 week free, if registered for Zamzoo Fundraiser, call for details)
- Before Care & After Care – FREE (\$1/minute after 6:05 pm)

Hours of Operation:

- Before Care (8 am – 9 am)
- Program (9 am-4 pm)
- After Care (4 pm-6 pm)

Please check the Weekly Session (s) you are requesting:

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> SESSION 1 (June 6 – June 10) | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> SESSION 2 (June 13 – June 17) | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> SESSION 3 (June 20 – June 24) | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> SESSION 4 (June 27 – July 1) | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> SESSION 5 (July 5 – July 8) | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> SESSION 6 (July 11 – July 15) | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> SESSION 7 (July 18 – July 22) | CAMP VILLAGE GO TO DISNEY WORLD!(call for details) | | |

Select, if transportation needed from:

- Downtown–The APEX Museum/135 Auburn Avenue, Atl., GA 30303

Camp Location:

- Southwest–Carver College/3870 Cascade Road, Atl., GA 30331 (HEADQUARTERS' CAMPSITE)

Qualify for Subsidized Summer Camp Services, Program Name (Georgia CAPS, TANF, etc.) _____

Enclosed is a non-refundable Registration Fee \$ _____ (\$50/child x _____ number of children)

Enclosed is full payment of \$ _____ (\$300/week) x _____ number of week(s) _____ number of children

Enclosed is full payment of \$ _____ (\$150/week (50% off) x _____ number of week(s) _____ number of children

- Total Summer Program (6 wks) (\$1,800) or SAVE 50% Pre-pay Summer Package (6 wks) (\$900.00)

Payment Type: Cash Check Money Order American Express VISA MC

Credit Card # _____ Expiration Date ____/____ Security Code _____

Name on Card _____

Signature _____ TOTAL PAID \$ _____

Please make check or money order payable to Camp Village, Inc.

Please mail, fax or email all completed Registration & Release Forms or you may register online at www.campvillage.com

Please mail payments to: Camp Village, Inc. c/o Jo R. Edwards P.O. Box 110188 Atlanta, GA 30311

(404) 349-0122/office (404) 758-4003/fax info@campvillage.com/email