



**CAMP JOE LEVINE APPLICATION**

Camper's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_ Age at camp \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Contact Information:

Name \_\_\_\_\_ Phone # (Cell) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Name \_\_\_\_\_ Phone # (Cell) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email(s): \_\_\_\_\_

**Camp Joe T-Shirt included! Mark the size below.**

**CHILD:** XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ **ADULT:** S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

<b>Week 1: July 8-12</b> _____	<b>9AM-4PM</b>	<b>\$150/Week</b>	_____
AM Care: 8 ___ 9 ___ 10 ___ 11 ___ 11 ___		(\$5/Day)	_____
PM Care: 8 ___ 9 ___ 10 ___ 11 ___ **		(\$5/Day)	_____
<i>AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.</i>		<b>** NO PM Care on Fridays</b>	

<b>Week 2: July 15-19</b> _____	<b>9AM-4PM</b>	<b>\$150/Week</b>	_____
AM Care: 15 ___ 16 ___ 17 ___ 18 ___ 19 ___		(\$5/Day)	_____
PM Care: 15 ___ 16 ___ 17 ___ 19 ___ **		(\$5/Day)	_____
<i>AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.</i>		<b>** NO PM Care on Fridays</b>	

<b>Week 3: July 22-26</b> _____	<b>9AM-4PM</b>	<b>\$150/Week</b>	_____
AM Care: 22 ___ 23 ___ 24 ___ 25 ___ 26 ___		(\$5/Day)	_____
PM Care: 22 ___ 23 ___ 24 ___ 25 ___ **		(\$5/Day)	_____
<i>AM care: 8 a.m. – 9 a.m.; PM care: 4 p.m. – 5:30 p.m.</i>		<b>** NO PM Care on Fridays</b>	

Sub Total: \_\_\_\_\_

Optional 5 x 7 Camp Picture: \$3.00 \_\_\_\_\_

Sibling Discount: - \$20.00 \_\_\_\_\_

Deposit: - \$50.00 \_\_\_\_\_

**Register by April 1<sup>st</sup> to receive an early registration discount.**

**Early Registration Discount:** - 10% \_\_\_\_\_

Total Fees for Camper: \_\_\_\_\_

Balance to be paid in full by June 17, 2019. Thank you.

**PLEASE NOTE:** We want all children to have an opportunity to attend camp. Limited assistance is available for campers.

I am interested in assistance for my child/ren. \_\_\_\_\_ Yes/ \_\_\_\_\_ No