

TAMARAK DAY CAMP

23970 North Elm Road, Lincolnshire, Illinois 60069 (847) 634-3168 Fax 634-8262

Home & Route Information

Parent's First and Last Name: _____
Camper's Last Name Only: _____ Complete below if moving, temporary address or 2nd pick up / drop off address is needed:
Telephone: _____
Street Address: _____
City/State: _____ Zip: _____
E-mail: _____ Move Date: _____

1st Camper's Name: _____ **DOB:** ____/____/____ **Boy** **Girl**

Shirt Size: 6/8 10/12 14/16 **Lunch Program:** Full Week Yes No
S M L XL Thursday Pizza Only Yes No

Weeks Attending: All 8 weeks 1st 4 weeks 2nd 4 weeks Other: _____

Munchkin Program Options: 1:00 p.m. parent pick up or 3:15 p.m. dismissal and bus transportation home
4 year old munchkins: 3 days per week or 5 days per week

***Optional Activities:** Golf instruction once per week or twice per week
*(Available to 3rd thru 6th graders) Horseback riding instruction once per week or twice per week

Before and/or After Camp Care: See online form and attach

School Attending Next Year: _____ **Grade Next Year:** _____

Friendship Requests: 1st _____ 2nd _____

2nd Camper's Name: _____ **DOB:** ____/____/____ **Boy** **Girl**

Shirt Size: 6/8 10/12 14/16 **Lunch Program:** Full Week Yes No
S M L XL Thursday Pizza Only Yes No

Weeks Attending: All 8 weeks 1st 4 weeks 2nd 4 weeks Other: _____

Munchkin Program Options: 1:00 p.m. parent pick up or 3:15 p.m. dismissal and bus transportation home
4 year old munchkins: 3 days per week or 5 days per week

***Optional Activities:** Golf instruction once per week or twice per week
*(Available to 3rd thru 6th graders) Horseback riding instruction once per week or twice per week

Before and/or After Camp Care: See online form and attach.

School Attending Next Year: _____ **Grade Next Year:** _____

Friendship Requests: 1st _____ 2nd _____

Deposit & Payment Information: A deposit of \$500 per camper is required with registration and may be faxed or mailed. Deposits are refundable until March 1st. The camp balance is due May 1st. Fees paid late are subject to a 2% per month late fee.

Deposit type: Check MasterCard Visa Amount Enclosed: _____

Card account no: _____ - _____ - _____ Exp date: ____/____ 3 digit security code on back of card: _____

Card statement billing Street Number Only: _____ Zip code: _____

Signature: _____ Date: _____

Required for registration