

GREAT ADVENTURES SUMMER CAMP REGISTRATION FORM 2021

If you would like to enroll your child in Great Adventures Summer Camp please complete and return this form with your registration fee (\$55 or \$85), and your deposit of \$285. Both are **NON-REFUNDABLE**, and the deposit of \$285 will be applied to your last camp payment. Camp has a maximum capacity, and we are accepting registration on a first come first serve basis.

CHILD/FAMILY INFORMATION (please use back of form for additional children if needed)

Child #1 Name _____ Date of Birth _____ Grade in Fall 2021 _____ Gender _____

My child's favorite sports and activities are: _____

T-Shirt Size (circle one) Child Sm (6-8) Child Med (10-12) Child Lg (14-16) Adult Sm Adult Med

Allergies or Medical Conditions: _____

Child #2 Name _____ Date of Birth _____ Grade in Fall 2021 _____ Gender _____

My child's favorite sports and activities are: _____

T-Shirt Size (circle one) Child Sm (6-8) Child Med (10-12) Child Lg (14-16) Adult Sm Adult Med

Allergies or Medical Conditions: _____

Family Information

Address _____

Mother/Guardian's Name _____ E-Mail _____

Work Phone _____ Cell Phone _____

Father/Guardian's Name _____ E-Mail _____

Work Phone _____ Cell Phone _____

Additional Emergency Contact: Name _____ Phone _____

CAMP ATTENDANCE

Please **CHECK** each week for which you are enrolling.

If your child/ren will attend on a part-time basis, please also **CIRCLE** the days he/she will be at camp.

___ Week 1: June 7 - 11

M T W Th F

___ Week 5: July 5 - 9

T W Th F

___ Week 9: August 2 - 6

M T W Th F

___ Week 2: June 14 - 18

M T W Th F

___ Week 6: July 12 - 16

M T W Th F

___ Week 10: August 9 - 13

M T W Th F

___ Week 3: June 21 - 25

M T W Th F

___ Week 7: July 19 - 23

M T W Th F

August 16-20: care will be available

this week, we are just not sure yet if

___ Week 4: June 28 - July 2

M T W Th

___ Week 8: July 26 - 30

M T W Th F

it will be a "camp" week

___ I understand that any changes to the above schedule **MUST** be submitted to CBB no later than May 10, 2021. I understand that after this time I am responsible for paying 50% of the tuition for **ANY** weeks/days for which my child/ren are enrolled but do not attend.

Parent Initials _____

Parent's Signature _____ Date _____

Please return to: CBB Great Adventures Camp at 8944 N. Austin Ave. Morton Grove, IL 60053

Phone: 847-965-1003