



# ARTS & CRAFTS SUMMER CAMP 2017

## ENROLLMENT FORM

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please choose the day or days your child will be attending;

- June 26-30
  - July 31-August 4
  - July 3-7
  - August 7-11
  - July 10-14
  - August 14-18
  - July 17-21
  - August 21-25
  - July 24-28
- 1 Week** - CI\$299.00 per child (Monday thru Friday) (9AM-4PM)  
**1 Day** - CI\$60.00 per child (9AM-4PM)  
**1/2 Day with lunch** - CI\$30.00 per child (9AM to 12:30PM)  
**1/2 Day without lunch** - CI\$25.00 per child (9AM to 12PM)

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Persons responsible for child in case of emergency and drop-off/pick up of child(ren)  
If parents cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies and/or physical restrictions? Yes \_\_\_ No \_\_\_

If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, every effort will be made to contact the parents, the emergency numbers and doctor listed. Failing to contact any of these, I give my permission to Lil Monkeys Cayman to call a physician and secure proper emergency treatment while efforts to locate the parents continue.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_