



3459 Shiloh Road
Hampstead, MD 21074

SUMMER CAMP ENROLLMENT APPLICATION 2024 - SHILOH

Child's Name: _____ Date of Birth: ___/___/20___ Grade in Fall ___
Parent's Name(s) _____ Gender: M ___ F ___
Address: (with city and state): _____
Home Phone # _____ Work/Cell Phone #: _____ Email: _____

NON-Refundable - Deposit for Returning/Registration fee for new \$75 ___

Parents: ___ Single ___ Married ___ Domestic Partners ___ Separated ___ Divorced
Child is in custody of: ___ Both Parents ___ Mother ___ Father ___ Other _____

Enrollment Preference covers all hours of operation 6:30am-6pm:

Check One:

- School Age (5-12 year olds) 5 Days fee \$305/Week
- School Age (5-12 year olds) 4 Days fee \$270/Week M T W TH F
- School Age (5-12 year olds) 3 Days fee \$242/Week M T W TH F
 - ❖ Discounts: 10% off second child Full time *lowest tuition- see director
 - ❖ Payment is due the MONDAY OF THE WEEK OF CARE

Please check next to the weeks your child will attend camp:

- | | |
|--|--|
| <input type="checkbox"/> Week 1 June 17 – 21 | <input type="checkbox"/> Week 7 July 29 – August 2 |
| <input type="checkbox"/> Week 2 June 24 – 28 | <input type="checkbox"/> Week 8 August 5 – 9 |
| <input type="checkbox"/> Week 3 July 1 – 5 (closed 4 th & 5 th) | <input type="checkbox"/> Week 9 August 12 – 16 |
| <input type="checkbox"/> Week 4 July 8 – 12 | <input type="checkbox"/> Week 10 August 19 – 23 |
| <input type="checkbox"/> Week 5 July 15 – 19 | <input type="checkbox"/> Week 11 August 26 – 30 |
| <input type="checkbox"/> Week 6 July 22 – 26 | |

The Non-refundable registration fee is due at time of registration. No spots will be held without the fee.

Please charge my fee to Brightwheel. Circle one - yes no

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Date rcvd _____ BW _____ regis fee check _____ BW billed _____ cash _____

Welcome sent _____ alert billing _____ attendance base _____ database _____