

Explorations Application: Part One

Student Name _____ Age ____ as of 6/11/12
(Please Circle) F or M

Grade and School (11-12 school year)

Shirt size (Circle One) youth S youth M youth L adult S adult M adult L adult XL

Parent Name _____

Street Address _____

City _____ State _____ Zip _____

Parent's Email Address (for weekly camp updates)

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone _____

Name of Camp (s) Desired:

Mark Beside each camp week below any additional options desired:

A= Early drop off (8AM) for Morning Camps \$15 per week

P= Late pick up (5:30 PM) for Afternoon Camps \$25 per week

_____ June 11- June 15

_____ July 9 – July 13

_____ June 18- June 22

_____ July 16 – July 20

_____ June 20 – June 24

_____ July 23 – July 27

Closed June 25– July 6

_____ July 30- August 3

_____ August 6-August 10

_____ # Total Number of Camp Weeks Reserved

Please list any special needs or items of note:

(i.e. allergies, medicines to be dispensed by Camelot Staff, specific academic topics to be covered, etc.)

Explorations Application: Part Two

Payment:

Weekly Camp Fee \$ _____ per week x _____ # of Weeks =
Total Camp Fee _____

AM Option \$15/week x _____ # Weeks =
AM Option Total _____

PM Option \$25/week x _____ # weeks =
PM Option total _____

\$15.00 Registration Fee x _____ # of camps = Total Registration Fee \$ _____

\$ _____ Total Camp Fee
\$ _____ AM Option Fee
\$ _____ PM Option Fee
\$ _____ Total Registration Fee

= \$ _____ Total Amount Due.

* Note: EARLY BIRD SPECIAL! Special discounts for students who enroll and pay all camp fees in full by Monday, March 5. See individual camp description.

Cancellations made before May 1st will receive a full refund minus the applicable registration fee. Cancellations made on May 1st or thereafter are non-refundable.

After May 1st full payment of camp fees plus the applicable registration fee is due at the time of booking.

There is a late pick-up fee of \$10.00 for pick-ups during the first 10 minutes after closing (5:30). After that time there is an additional \$1.00 per minute pick-up charge.

We reserve the right to discontinue services if a camper is unable or unwilling to follow camp rules and/or behavior guidelines. Camp fees will be forfeited.

Payment Terms Selected:

_____ Option 1: Full Payment Now

_____ Option 2: 50% Camp/Option Fees + Registration, Paid Now = \$ _____
With remaining 50% Camp Fee Balance Due May 1, 2012= \$ _____

_____ Cash/Check Enclosed

_____ Charge to my Credit Card listed below

Card Name _____

Card Number _____

Expiration Date _____

Your signature on this form indicates your understanding of and agreement to the terms stated herein, including refund and cancellation policies.

Parent Signature _____ Date

Mail to: Camelot Academy Summer Programs
809 Proctor St. Durham, NC 27707

Fax :(919) 682-4320

Phone: (919) 688-3040