

**CREATIVE LEARNING CENTER, INC.
SUMMER CAMP REGISTRATION FORM 2010**

Child's Name _____ Nickname _____

Date of Birth _____ Boy _____ Girl _____

Parents' Names _____

Home Address _____

City _____ Zip code _____

Home Phone _____ Email _____

Allergies _____

Epi-pen required _____yes _____no

Special Needs or Concerns or Receives Developmental Services (please list: i.e., PEP, speech/language services, social/emotional support, etc.)

Does your child bite or use aggressive behavior when distressed? Yes ____ No ____

If yes, please explain. _____

Child must be toilet trained to attend camp or must be a current CLC student.

CAMP WEEKS REQUEST

Use an "X" to indicate which camp days and week/s you wish your child to attend. You will receive confirmation by mail or phone.

	Mon-Fri \$210	MWF \$151	T/Th \$109
JUNE 21-25 - WILD, WILD WEST	_____	_____	_____
JUNE 28-JULY 2 - DINOSAURS	_____	_____	_____
JULY 12-16 - HIGH SEAS	_____	_____	_____

Subtotal: \$ _____

Subtract Referral Discount \$ _____

(\$20 discount for each camper referred. Referred camper must be a new CLC student and must be registered and paid. List referred camper/s name here: _____)

PAYMENT ENCLOSED: \$ _____

Complete this form and deliver or mail with payment to:
CLC, 17930 Bowie Mill Road, Derwood MD 20855
301-987-5454

Creative Learning Center, Inc
17930 Bowie Mill Road
Derwood MD 20855

Summer Camp Materials Enclosed