



SPRING BREAK CAMP 2016

April 4th – April 8th

REGISTRATION FORM

CHILDS NAME:	CHILDS DATE OF BIRTH: / /	ALLERGIES:
PARENTS NAME:	CELL PHONE:	WORK PHONE:
PARENTS NAME:	CELL PHONE:	WORK PHONE:
STREET ADDRESS:	CITY:	ZIP:

Days: M T W TH F					
Arrive _____		Depart _____			
5 days _____		4 days _____		3 days _____	

(\$50.00 Deposit Required To Hold Spot and Balance Due Friday April 1st.)

I AM AGREEING TO THIS SCHEDULE BEING SUBMITTED. I UNDERSTAND THAT TWO WEEKS WRITTEN NOTICE IS REQUIRED TO MAKE ANY CHANGES. IF NOT, I WILL BE RESPONSIBLE FOR PAYMENT IN FULL.

Parent Signature: _____

Parent Printed Name: _____

Date: _____

Deliver or mail this completed form to:
PLANET KIDS PREMIER ACADEMY
 5520 Clarkston Road Clarkston, MI 48348
www.planetkidsclarkston.com (248) 620-9032