Bonnet Shores Fire District Summer Camp 2024(Age 5-12)

June 24,2024 - August 2, 2024(no camp 7/4/24)

REGISTRATION FORM (please complete form for each child)

Completed <u>registration, waiver</u> and payment may be dropped off or mailed to

130 Bonnet Shores Road, Narragansett, RI 02882,

Payment via check, cash (Pending approval: PayPal or credit card)

Office: 401-789-4540	Cell: 401-895-0099		email: distri	ct.manager@bonnetshores.org
Child's Last	First	Age_	Date of	Birth
	Child's Birthda	te mus	t be prior to 05	/31/2019- no exceptions
Parent/Guardian Name	Relationship			
Address (summer)				
Phone: (cell)	E-mail		(print legibly)	
medications currently taking or				at we may need to know and any
EMERGENCY CONTACT:				
Please list names and phone nu the event of an emergency we wind otherwise.				of an emergency.*Please note: in ians listed unless instructed
NAME	RELATIONSHIP:		CELI	.
NAME	RELATIONSHIP:		CELI	·
SIGNATURE OF PARENT/ GUARDIAN			DATE	
PLEASE INDICATE TIME PE	RIOD FOR WHICH YOU	J ARE	REGISTERIN	G EACH CHILD
Calendar	Fee Schedule	S	ession or Week	Registration Amount
Full Summer 6/24-8/2 no Camp 7/4	\$425 per child		N/A	
Two week session	\$175 per child			
Indicate session -column 4 Sess.1 6/24-7/5, Sess2 7/8-7	•			
Weekly (must be M-F	\$90 per child			
consecutive days)	470 per cilità			
Daily (space available)	\$25 per child daily			
	TOT	TAL D	UE	

Fees are not refundable if cancelled less than seven (7) days prior to start of the session

Fee includes a daily snack and Del's Lemonade on Fridays throughout the season.

Staff Only Use:

Total Paid	Method of Payment			