



2017 DAY CAMP REGISTRATION FORM

- Camp Hours are 9:00 a.m. to 4:00 p.m. -

For information contact: Toni White, Day Camp Director by e-mail at highlandhtsdaycamp@gmail.com.

If registering by mail, return the registration form with your check to the City of Highland Hts., 5827 Highland Rd., Highland Hts., OH 44143. Or you may register in person at the Highland Hts. City Hall during business hours or online at www.highlandhts.com.

Parent Orientation is Thursday, June 1, 2017 at 7:00 p.m. at Highland Hts. City Hall

<input type="checkbox"/> Resident (<i>Highland Heights Residents only</i>)		<input type="checkbox"/> Non-Resident			
Please check the weeks your child will attend and circle the appropriate fee.					
	Early Bird Fees (Paid by May 5)		Regular Fees (Paid after May 5)		
	Resident Fees	Non-Res. Fees	Resident Fees	Non-Res. Fees	Please check the weeks your child will attend
Weeks					
<input type="checkbox"/> All 8	\$990*	\$1,190*	\$1,010*	\$1,230*	<input type="checkbox"/> June 5-June 9
<input type="checkbox"/> Any 7	\$885*	\$1,060*	\$ 905*	\$1,100*	<input type="checkbox"/> June 12-June 16
<input type="checkbox"/> Any 6	\$760*	\$ 910*	\$ 780*	\$ 950*	<input type="checkbox"/> June 19-June 23
<input type="checkbox"/> Any 5	\$635	\$ 760	\$ 655	\$ 800	<input type="checkbox"/> June 26-June 30
<input type="checkbox"/> Any 4	\$510	\$ 610	\$ 530	\$ 650	<input type="checkbox"/> July 3-July 7
<input type="checkbox"/> Any 3	\$385	\$ 460	\$ 405	\$ 500	<input type="checkbox"/> July 10-July 14
<input type="checkbox"/> Any 2	\$260	\$ 310	\$ 280	\$ 350	<input type="checkbox"/> July 17-July 21
<input type="checkbox"/> Any 1	\$135	\$ 160	\$ 155	\$ 200	<input type="checkbox"/> July 24-July 28
Residents: Each additional week after camp starts: \$155 per week					
Non-Residents: Each additional week after camp starts: \$200 per week					
<i>*Deduct a one-time discount of \$25 per child if 3 or more siblings are registered for 6 weeks or more each. Only applicable at the time of registration for paid registration of 6 or more weeks per child. Not applicable when adding additional weeks.</i>					
Please note time of lesson if child is registered for: _____ Swim Lessons _____ Tennis Lessons					

Please print clearly: Camper's Name _____ Camper's Swim Level _____

Birth Date: _____ Grade Fall 2017 _____ Home Phone _____ Emergency # _____

Male Female Address _____
Please include City & Zip Code

Email Address: _____

***** **Please circle T-Shirt Size (sizes run small) Youth: Sm. Med. Lg. Adult: Sm. Med. Lg. XL**

Mother/Guardian Name _____ Work# _____ Cell/Pager# _____

Father/Guardian Name _____ Work# _____ Cell/Pager# _____

Emergency Contact _____ Phone# _____ Cell/Pager# _____

Bee Sting Reaction _____ Food Allergies/Dietary Restrictions _____
My child requests to be placed with (1 request only) _____

I agree to participate or have a family member participate in Highland Heights Recreation Programs and acknowledge that such activities present the possibility of injury. I hereby release the City of Highland Heights, its officials and employees, from any and all claims of liability for injuries, medical expenses and other damages and losses, including legal fees that result from participation in said programs.

Signature: _____ Date: _____

*Payment enclosed by: Check or Charge to Credit Card # _____ Exp. ____/____

Name as it appears on credit card _____ CVV# _____

* If paying by credit card, a \$3.00 convenience charge will be added to the total.

Date Paid _____ Please Circle: Paid in Cash Paid by Check# _____ Paid by Credit Card Total Paid \$ _____