



# 2018 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](mailto: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](http://www.highlandhts.com).

Parent Orientation is Thursday, May 31, 2018 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			
<b>Please check the weeks your child will attend and circle the appropriate fee.</b>					
	<b>Early Bird Fees (Paid by May 4)</b>		<b>Regular Fees (Paid after May 4)</b>		
	<b>Resident Fees</b>	<b>Non-Res. Fees</b>	<b>Resident Fees</b>	<b>Non-Res. Fees</b>	<b>Please check the weeks your child will attend</b>
<b>Weeks</b>					
<input type="checkbox"/> All 8	\$990*	\$1,230*	\$1,010*	\$1,270*	<input type="checkbox"/> June 4-June 8
<input type="checkbox"/> Any 7	\$885*	\$1,095*	\$ 905*	\$1,135*	<input type="checkbox"/> June 11-June 15
<input type="checkbox"/> Any 6	\$760*	\$ 940*	\$ 780*	\$ 980*	<input type="checkbox"/> June 18-June 22
<input type="checkbox"/> Any 5	\$635	\$ 785	\$ 655	\$ 825	<input type="checkbox"/> June 25-June 29
<input type="checkbox"/> Any 4	\$510	\$ 630	\$ 530	\$ 670	<input type="checkbox"/> July 2-July 6
<input type="checkbox"/> Any 3	\$385	\$ 475	\$ 405	\$ 515	<input type="checkbox"/> July 9-July 13
<input type="checkbox"/> Any 2	\$260	\$ 320	\$ 280	\$ 360	<input type="checkbox"/> July 16-July 20
<input type="checkbox"/> Any 1	\$135	\$ 165	\$ 155	\$ 205	<input type="checkbox"/> July 23-July 27
<b>Residents: Each additional week after camp starts: \$155 per week</b>					
<b>Non-Residents: Each additional week after camp starts: \$205 per week</b>					
<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>					
<b>Please note time of lesson if child is registered for:</b> _____ <b>Swim Lessons</b> _____ <b>Tennis Lessons</b>					

**Please print clearly:** Camper's Name \_\_\_\_\_ Camper's Swim Level \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Fall 2018 \_\_\_\_\_ 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 \$ \_\_\_\_\_