

2021 DAY CAMP REGISTRATION FORM

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

For information contact: Katy Kent, 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, May 27, 2021 at 7:00 p.m. at Highland Heights City Hall.

<u>Resident (Highland Heights Residents only)</u>	<u>Non-Resident</u>																																									
Please check the weeks your child will attend and circle the appropriate fee.																																										
<table border="1" style="margin: auto;"> <tr> <th colspan="2">Early Bird Fees (Paid by May 7)</th> </tr> <tr> <th>Resident Fees</th> <th>Non Res. Fees</th> </tr> <tr> <td>_____ All 8</td> <td>\$985</td> </tr> <tr> <td>_____ Any 7</td> <td>\$880</td> </tr> <tr> <td>_____ Any 6</td> <td>\$755</td> </tr> <tr> <td>_____ Any 5</td> <td>\$630</td> </tr> <tr> <td>_____ Any 4</td> <td>\$505</td> </tr> <tr> <td>_____ Any 3</td> <td>\$380</td> </tr> <tr> <td>_____ Any 2</td> <td>\$255</td> </tr> <tr> <td>_____ Any 1</td> <td>\$130</td> </tr> </table>	Early Bird Fees (Paid by May 7)		Resident Fees	Non Res. Fees	_____ All 8	\$985	_____ Any 7	\$880	_____ Any 6	\$755	_____ Any 5	\$630	_____ Any 4	\$505	_____ Any 3	\$380	_____ Any 2	\$255	_____ Any 1	\$130	<table border="1" style="margin: auto;"> <tr> <th colspan="2">Regular Fees (Paid after May 7)</th> </tr> <tr> <th>Resident Fees</th> <th>Non Res. Fees</th> </tr> <tr> <td>_____ All 8</td> <td>\$1,285</td> </tr> <tr> <td>_____ Any 7</td> <td>\$1,145</td> </tr> <tr> <td>_____ Any 6</td> <td>\$ 985</td> </tr> <tr> <td>_____ Any 5</td> <td>\$ 825</td> </tr> <tr> <td>_____ Any 4</td> <td>\$ 665</td> </tr> <tr> <td>_____ Any 3</td> <td>\$ 505</td> </tr> <tr> <td>_____ Any 2</td> <td>\$ 345</td> </tr> <tr> <td>_____ Any 1</td> <td>\$ 185</td> </tr> </table>	Regular Fees (Paid after May 7)		Resident Fees	Non Res. Fees	_____ All 8	\$1,285	_____ Any 7	\$1,145	_____ Any 6	\$ 985	_____ Any 5	\$ 825	_____ Any 4	\$ 665	_____ Any 3	\$ 505	_____ Any 2	\$ 345	_____ Any 1	\$ 185	<p>Please check the week(s) your child will attend</p> <p>_____ June 7-June 11</p> <p>_____ June 14-June 18</p> <p>_____ June 21-June 25</p> <p>_____ June 28-July 2</p> <p>_____ July 6 - July 9</p> <p>_____ July 12 -July 16</p> <p>_____ July 19 -July 23</p> <p>_____ July 26 - July 30</p>
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<p>Residents: Each additional week after camp starts: \$155 per week</p> <p>Non-Residents: Each additional week after camp starts: \$210 per week</p>																																										
<p>Please note time of lesson if child is registered for: _____ Swim Lessons _____ Tennis Lessons</p>																																										

Please print clearly: Camper's Name _____ Camper's Swim Level _____
 Birth Date: _____ Grade Fall 2021 _____ 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 \$ _____