



AFTERNOON FUN CLUB Registration Form

CAMPER NAME: _____

AGE AT CAMP: _____

- PLEASE CHECK IF YOUR CHILD HAS ANY FOOD ALLERGIES
- PLEASE CHECK IF YOUR CHILD HAS SPECIAL DIETARY NEEDS & EXPLAIN ON BACK OF FORM.

Check your pick-up time below: 5:15pm or 6:00pm

SESSION 1 & A				JUNE 28 - JULY 9 (2010)				Sess.Tally	
<input type="checkbox"/> MONDAY	28-Jun	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	NA MONDAY	5-Jul	NO FUN CLUB		Total # days _____	
<input type="checkbox"/> TUESDAY	29-Jun	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> TUESDAY	6-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	X _____/day _____	
<input type="checkbox"/> WEDNESDAY	30-Jun	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> WEDNESDAY	7-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Office Use Only	
<input type="checkbox"/> THURSDAY	1-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> THURSDAY	8-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Amt. Paid _____	
<input type="checkbox"/> FRIDAY	2-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	NA FRIDAY**	9-Jul	NO FUN CLUB		Ck.# _____	
				** CLOSING CEREMONY @ 1:45pm				Date _____	
<input type="checkbox"/> <i>Office Use Only: Open House Fun Club approved</i> _____									

SESSION 2 & A				JULY 12 - JULY 23 (2010)				Sess.Tally	
<input type="checkbox"/> MONDAY	12-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> MONDAY	19-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Total # days _____	
<input type="checkbox"/> TUESDAY	13-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> TUESDAY	20-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	X _____/day _____	
<input type="checkbox"/> WEDNESDAY	14-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> WEDNESDAY	21-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Office Use Only	
<input type="checkbox"/> THURSDAY	15-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> THURSDAY	22-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Amt. Paid _____	
<input type="checkbox"/> FRIDAY	16-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	NA FRIDAY**	23-Jul	NO FUN CLUB		Ck.# _____	
				** CLOSING CEREMONY @ 1:45pm				Date _____	
<input type="checkbox"/> <i>Office Use Only: Open House Fun Club approved</i> _____									

SESSION 3 & B				JULY 26 - AUGUST 6 (2010)				Sess.Tally	
<input type="checkbox"/> MONDAY	26-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> MONDAY	2-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Total # days _____	
<input type="checkbox"/> TUESDAY	27-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> TUESDAY	3-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	X _____/day _____	
<input type="checkbox"/> WEDNESDAY	28-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> WEDNESDAY	4-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Office Use Only	
<input type="checkbox"/> THURSDAY	29-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> THURSDAY	5-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Amt. Paid _____	
<input type="checkbox"/> FRIDAY	30-Jul	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	NA FRIDAY**	6-Aug	NO FUN CLUB		Ck.# _____	
				** CLOSING CEREMONY @ 1:45pm				Date _____	
<input type="checkbox"/> <i>Office Use Only: Open House Fun Club approved</i> _____									

SESSION 4 & B				AUGUST 9 - 20 (2010)				Sess.Tally	
<input type="checkbox"/> MONDAY	9-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> MONDAY	16-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Total # days _____	
<input type="checkbox"/> TUESDAY	10-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> TUESDAY	17-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	X _____/day _____	
<input type="checkbox"/> WEDNESDAY	11-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> WEDNESDAY	18-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Office Use Only	
<input type="checkbox"/> THURSDAY	12-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	<input type="checkbox"/> THURSDAY	19-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	Amt. Paid _____	
<input type="checkbox"/> FRIDAY	13-Aug	<input type="checkbox"/> 5:15	<input type="checkbox"/> 6:00	NA FRIDAY**	20-Aug	NO FUN CLUB		Ck.# _____	
				** CLOSING CEREMONY @ 1:45pm				Date _____	
<input type="checkbox"/> <i>Office Use Only: Open House Fun Club approved</i> _____									

COST: \$15.00 per afternoon per child until 5:15pm

\$25.00 per afternoon per child until 6:00pm

- ▶ Each registration form must be received with a non-refundable, non-transferable FULL PAYMENT
- ▶ Working parents, sign up early!
- ▶ Last minute sign-ups welcome, with payment in full upon pick-up.

Important information on back



CHECKS MADE PAYABLE TO: PFDC

For quick contact information while your child is at Fun Club

Mother's Contact Information:

- First Name: _____
- Work Phone: _____
- Cell Phone: _____

Father's Contact Information:

- First Name: _____
- Work Phone: _____
- Cell Phone: _____

Carpool Driver or Pick-up person other than parent:

- First Name: _____
- Work Phone: _____
- Cell Phone: _____

Special instructions to Fun Club Staff regarding camper on reverse side:

i.e.: Medical, Swimming

From Parent _____

From PFDC staff, nurse or swim staff _____
