



SUMMER CAMP REGISTRATION FORM

Please print clearly:

Child's Name: _____ Child's Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Yes, I would like to receive emails from TEAMWORKS with information on upcoming programs, special offers and more.
Email addresses are used by TEAMWORKS ONLY and will not be shared with any other companies

Email Address: _____

Thank you for choosing TEAMWORKSSumer Camp

Registration is also available online at:
www.teamworkswarwick.com



Extended Day Program:

Our regular camp day ends at 3:30pm. Parents who require care after 3:30pm will have two extended day options:

Extended Day until 5pm: \$10 per day or \$20 per week

Extended Day until 6pm: \$15 per day or \$30 per week

Sibling Discounts:

Sibling Discounts are available. Each additional sibling will receive 10% off the price of an equal or lower priced camp.

Memberships:

All participants are required to have a valid TEAMWORKS Membership Card (\$10). Memberships are good for one year from the date of purchase.

Note: Photo ID pictures must be done before the first day of enrollment.

Deposits/Payment Plan:

A \$50 non-refundable deposit is required upon registration for each week of camp. The remaining balances are due by the Friday prior to the week of camp.

Program: _____

Week/Day (s): _____

Regular Day Extended 5pm Extended 6pm

Cost: _____



Program: _____

Week/Day (s): _____

Regular Day Extended 5pm Extended 6pm

Cost: _____



Program: _____

Week/Day (s): _____

Regular Day Extended 5pm Extended 6pm

Cost: _____

Subtotal: _____

+ Membership: _____

- Discounts: _____

TOTAL: _____

For Office Use Only:

Date Received: _____ Initials: _____ Date Entered: _____ Initials: _____