

Camp Sagemont Camp Days Registration Form 2009-2010

Child's Name: _____ Age: _____ Grade: _____

Parent's Names: _____

Address: _____

Home Phone# _____ Work Phone# _____ Cell Phone # _____

Name of Current School: _____

Camp Hours: 9:00am-3:30pm Early Care: 7:30-9:00am After Care: 3:30-6:00pm

Mark the days you would like for your child to attend.

NOTE: We staff the camp according to enrollment. Therefore, there will be NO REFUNDS OR EXCHANGES.

Trimester 1

- ___ Monday, September 28th (Yom Kippur)
- ___ Friday, October 23rd (Teacher Planning Day)
- ___ Wednesday, November 11th (Veterans Day)

Trimester 2

WINTER BREAK (8 Days)

- ___ Monday, December 21st
- ___ Tuesday, December 22nd
- ___ Wednesday, December 23rd
- ___ Thursday, December 24th (3:30pm dismissal)
- ___ Monday, December 28th
- ___ Tuesday, December 29th
- ___ Wednesday, December 30th
- ___ Thursday, December 31st (3:30pm dismissal)

Trimester 3

- ___ Friday, March 26th (Teacher Planning Day)
- ___ Monday, March 29th (Spring Break Begins)
- ___ Tuesday, March 30th
- ___ Wednesday, March 31st
- ___ Thursday, April 1st
- ___ Friday, April 2nd
- ___ Monday, April 5th (Spring Break Ends)
- ___ Friday, May 28th (Teacher Planning Day)

___ Friday, January 15th (Teacher Planning Day) & ___ Monday, January 18th (Dr. Martin Luther King, Jr. Day)

Friends & Family Week:

___ Monday 2/15 ___ Tuesday 2/16 ___ Wednesday 2/17 ___ Thursday 2/18 ___ Friday 2/19

Will you be needing Early Care? (7:30am-9:00am) ___yes ___no

Will you be needing After Care? (3:30-6:00pm) ___yes ___no

of days selected per student

Cost for Non-Sagemont Students

Cost for Sagemont Students

SINGLE DAYS-	\$55/day	\$50/day
Five or more days paid at once-	\$50/day	\$45/day
Add \$10 per day for Early Care.		
Add \$20 per day for After Care.		
Add \$25 per day for both.		

Note: 10% sibling discount after first child is paid in full.

Total # of days _____ at \$ _____ per day Additional early care/after care fees per day \$ _____ Total amount enclosed \$ _____

Please complete registration form (front and back) and make check payable to: The Sagemont School

For more information call 954-384-5454

Email: camp@sagemont.com

Please indicate if your child has **Any Allergies or any special needs**:

Persons to be contacted in case of illness or emergency when the parents cannot be reached.

These persons are additionally authorized to remove student from camp. If none, please indicate "none".

1. Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

2. Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

3. Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

4. Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Parent Signature: _____