



Land of Children Child Care & Private School,  
After School & Summer Camp

1331 O'Reilly Drive Feasterville-Trevose PA, 19053  
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Email: landofchildren2006@yahoo.com

## Summer Camp Registration Form

Child's Name (Last, First):			Preferred Name/Nickname:		
Date of Birth: / /	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	School Grade:		
Parent's/Guardian's Name:			Email:		
Cellphone#:		Home Phone#:			
Street Address:		City:		State:	

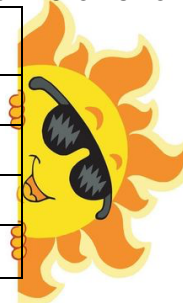
Circle below all the weeks that you plan to attend:

6/15**	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24
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Circle the number of days per week\*:                      5                      4                      3

Checkmark the time slot for each day that you plan to attend\*:

Daily Hours	M	T	W	TH	F
8am – 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7am – 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8am – 7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7am – 7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



\* Weekly number of days and time slots vary in prices (see Summer Camp Agreement for the price list).  
\*\* Pool will not be open for this week.

**By signing below you agree to the above schedule and registration details**

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_