



Milestones Summer Camp Registration - 2020

Camper's Name (s): _____ Age: _____
 Camper's Name (s): _____ Age: _____

Parent / Guardian Name: _____

Age group: JK/SK, 6-8 or 9-12

Week	Camper's Name	Age Group	Location John Wise or Locke's	MON	TUE	WED	THU	FRI	Invoice # <i>Office Use</i>
Jun 29-Jul 3	1.								
	2.								
Jul 6-10	1.								
	2.								
Jul 13-17	1.								
	2.								
Jul 20-24	1.								
	2.								
Jul 27-31	1.								
	2.								
Aug 4-7	1.								
	2.								
Aug 10-14	1.								
	2.								
Aug 17-21	1.								
	2.								
Aug 24-28	1.								
	2.								

***Camps not offered August 31 – September 4 due to Staff Orientation*

Parent / Guardian Signature: _____

<i>Office Use:</i>	
Subsidy <input type="checkbox"/> Full <input type="checkbox"/> Partial \$ _____	<input type="checkbox"/> Approved <input type="checkbox"/> No Application

Office Use: Deposit \$

Subsidy

Spreadsheet Yes No