

CCAC Summer Camp Registration Form

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Select camps you would like to attend      Schedule is subject to change

June 12-16: Silly Science & STEM	July 10-14: All Star Athletes
June 19-23: Acting up	July 17-21: Animal Kingdom
June 26-30: Food Frenzy	July 24-28: Artists in Action

**Fees:**

Full Day 250.00 per week

Half Day 150.00 per week

1st Parent/Guardian \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone \_\_\_\_\_

2nd Parent/Guardian \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ alternate phone \_\_\_\_\_

Persons authorized to pick up:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other information we should know about your camper?

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**Registration is Now OPEN**