

KINGSBURY KIDDIE CAMP

For ages 3-5 years

HOURS: Monday through Friday, 9am-12pm
Snack provided

COST: AIF Kingsbury Kid \$175/camper/week
Non-member \$200/camper/week

- Campers must be able to use the bathroom and dress themselves unassisted.
- Activities: Swim Lessons, Free Swim, Fitness, Tennis, Arts & Crafts, Themed Days, and more!
- 10% Sibling Discount
- All campers receive an official camp T-shirt
- A non-refundable deposit of \$100/camper/week due with registration. Full balance due June 1st.
- Telephone: (781) 585-3883



8 WEEKLY ENROLLMENT SESSIONS

Daily prorates available May 1

SESSION 1	June 28 to July 2
SESSION 2	July 5 to July 9
SESSION 3	July 12 to July 16
SESSION 4	July 19 to July 23
SESSION 5	July 26 to July 30
SESSION 6	August 2 to August 6
SESSION 7	August 9 to August 13
SESSION 8	August 16 to August 20

Kingsbury Kiddie Camp Application Summer 2010

Camper's Name _____ Date of Birth _____ Age _____

Address _____ Town _____ State _____ Zip _____

Parent or Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

- Session:
- | | |
|---|---|
| <input type="checkbox"/> 1 - June 28 to July 2 | <input type="checkbox"/> 5 - July 26 to July 30 |
| <input type="checkbox"/> 2 - July 5 to July 9 | <input type="checkbox"/> 6 - August 2 to August 6 |
| <input type="checkbox"/> 3 - July 12 to July 16 | <input type="checkbox"/> 7 - August 9 to August 13 |
| <input type="checkbox"/> 4 - July 19 to July 23 | <input type="checkbox"/> 8 - August 16 to August 20 |

T-shirt size: Youth S Youth M Youth L

Membership Type: AIF Kingsbury Kid Non-Member

Payment Method: House Charge Check

Credit Card Type/Card Number _____ Exp.Date _____

Payment Authorization _____

Are there any medical conditions or restrictions we should be aware of? If yes, please explain: _____

I accept fully that the Kingsbury Club, its shareholders, directors, officers, employees, representatives and agents cannot be held responsible for any and all loss, claim, injury, damage, or liability sustained or incurred by my child during their participation on premises or off.

In the event I cannot be reached in an emergency, I hereby give permission for the Kingsbury Club to secure proper treatment for my child.

Parent/Guardian Signature _____