

Camper Last Name _____ First _____ Age (at camp) _____
 Address _____ City _____ State _____ Zip _____

CCRI 2009 Registration Form

Please reserve a space for my child for the sessions indicated below. I have enclosed a **non-refundable** \$50 deposit (deposits go toward balance) for each 1-week session. Please make checks payable to Creative Community Resources, Inc. (or CCRI). Please use *separate* form for each child. Mail to CCRI P.O. Box 221 Crownsville, MD. 21032. **Faxes and E-Mailed Copies Will Not Be Accepted!** CCRI #410-266-6132

Has Your Child Attended Bayside Before? Yes No Recent Year? _____ DOB _____ Sex M F

Mother's Last Name _____ First _____

Home # _____ Work # _____ Cell # _____ Hours of work _____

Father's Last Name _____ First _____

Home # _____ Work # _____ Cell # _____ Hours of work _____

In an emergency, who should we contact first? _____ Please indicate an emergency contact if parents cannot be reached: _____ # _____

Can we e-mail camp confirmation & notices? Yes No E-Mail (print) _____

▶ A completed CCRI Emergency Card, Policy Waiver & Health Form must accompany this form.

Required forms can be downloaded @ www.creativecri.org

Please e-mail us to verify receipt of registration if no e-mail confirmation is received within 10 business days.

SESSION DATES - "X" **Desired Camps** (in applicable sessions)

- | | | | | | |
|----|----------------|--------------------------|---|---|-------------------------|
| 1 | June 15-19 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |
| 2 | June 22-26 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |
| | | <input type="checkbox"/> | Leadership Trainee (Offered Session 2 Only/\$100) | | |
| 3 | June 29-July 3 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |
| | | <input type="checkbox"/> | The Little Camp(\$125) | | |
| 4 | July 6-10 | No Camp Offered | | | |
| 5 | July 13-17 | <input type="checkbox"/> | Beach Bash(\$325) | (Ultimate, White Tail & Little Camps not offered this week) | |
| 6 | July 20-24 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |
| | | <input type="checkbox"/> | The Little Camp(\$125) | | |
| 7 | July 27-31 | <input type="checkbox"/> | High Adventure(\$325) | (Ultimate, White Tail & Little Camps not offered this week) | |
| 8 | August 3-7 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |
| | | | | <input type="checkbox"/> | **TALS (9am-12pm-\$110) |
| 9 | August 10-14 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |
| | | | | <input type="checkbox"/> | **TALS (9am-12pm-\$110) |
| 10 | August 17-21 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) |

⇒ **The **TALS** Summer Program is offered in Annapolis (close to the mall) for children 3-5year olds. A separate registration form is required & can be downloaded @ www.creativecri.org. Transportation isn't available.

⇒ **Trip Camp** Transportation is available from Crofton and Annapolis only. Drop off from Broadneck Park location will begin at 8:30am & Pick Up needs to be no later then 4:45pm.

Park Fee – the \$30 fee is now included in the camp price listed. There is no Park Fee for Trip Camps or TALS.

****SAVE \$\$- Sign up for & then pay in full by June 1st** (Not applicable for TALS program)

Any 4 sessions- save \$30 Any 5- save \$40 Any 6- save \$50
Any 7- save \$60 Any 8- save \$80 Any 9- save \$120

**To receive savings, all deposits, balances & paperwork must be completed & previously received by June 1st, 2009. Savings is applied to final week your child is registered for. Failure to attend all registered weeks cancels savings.

▶ **Are Siblings Attending Same Sessions?** Yes No **Which Ones?** 1 2 3 5 6 7 8 9 10

▶ **Do You Require Transportation or Extended Hours?** Yes No **Which One?** Extended Hours Bus

▶ **Circle Desired Sessions:** 1 2 3 5 6 7 8 9 10 **Cost** per session: Bus \$35 Ex.H. \$20

▶ **If Your Child Requires Transportation, Circle Desired Location:** Please Pick Up In The AM from:

Annapolis High Benjamin Tasker Crofton Elementary Shipley's Choice

Write In PM Location (if different) _____

Office Only:

Check # _____ Amnt. \$ _____ (applied to Sib)
 Check Date _____ Amnt. \$ _____ Applied as Dep. and / or Towards Balance
 Sib Split? Y N Last S Different? _____ First _____ Notes/Changes? Y- over