

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

CCRI 2010 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. **CCRI phone #410-266-6132**
 Mail to CCRI P.O. Box 221 Crownsville, MD. 21032. **Faxes and E-Mailed Copies Will Not Be Accepted!**

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 14-18 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) | **TALS (9:15am-12:15pm-\$110) |
| 2 | June 21-25 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) | **TALS (9:15am-12:15pm-\$110) |
| 3 | June 28-July 2 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) | |
| | | <input type="checkbox"/> | Leadership Trainee (Offered <u>Session 3 Only</u> /\$100) | | | |
| 4 | July 6-9 | <input type="checkbox"/> | Ultimate(\$150) | <input type="checkbox"/> | White Tail(\$150) | *** No Camp on July 5th |
| 5 | July 12-16 | <input type="checkbox"/> | High Adventure(\$325) *(Ultimate, White Tail not offered this week) | | | |
| 6 | July 19-23 | <input type="checkbox"/> | Water, Water, Water(\$325) *(Ultimate, White Tail not offered this week) | | | |
| 7 | July 26-30 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) | |
| 8 | August 2-6 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) | <input type="checkbox"/> The Little Camp(\$125) |
| 9 | August 9-13 | <input type="checkbox"/> | Ultimate(\$170) | <input type="checkbox"/> | White Tail(\$170) | <input type="checkbox"/> The Little Camp(\$125) |
| 10 | August 16-20 | <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 is not available.

⇒ ***Trip Camp Transportation** is available from Crofton and Annapolis only for **Sessions 5 & 6**. (Please circle choice.) Drop off at Broadneck Park location will begin at 8:30am & Pick Up needs to be no later then 4:45pm. There is no transportation fee for Trip Camp.

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

Any 4 sessions- save \$40 Any 5- save \$50 Any 6- save \$60
Any 7- save \$70 Any 8- save \$100 Any 9- save \$120

**To receive savings, all deposits, balances & paperwork must be completed & received by June 1st, 2010. Savings is applied to the 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 4 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 4 (*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 # _____ Amt. \$ _____ (applied to Sib)
 Check Date _____ Amt. \$ _____ Applied as Dep. and / or Towards Balance
 Sib Split? Y N Last S Different? _____ First _____ Notes/Changes? Y- over