



2011 DECOMA DAY CAMP REGISTRATION

CAMP LOCATION: 4350 Walters Ave, Northbrook, IL 60062 BUSINESS OFFICE: 1304 ROSEWOOD AVE, DEERFIELD, IL 60015 WEBSITE: DECOMADAYCAMP.COM

DIRECTORS: GARY AND EUGENE DEUTSCH PHONE: 847-945-4455 FAX: 847-945-2131 EMAIL: DECOMADAYCAMP@AOL.COM



The fees listed below include lunch, transportation and all activities. 8-week program June 13 through August 5 (postcamp Aug 8 to Aug 12)

5 FULL DAY PROGRAM (for campers ages 3-13):		3 FULL DAY PROGRAM (for campers ages 4-7):		SHORTENED DAY PROGRAMS (for campers ages 3-5):		
Eight weeks	\$4600	Eight weeks	\$3650		<u>5 Days</u>	<u>3 Days</u>
Four weeks	\$2650	Four weeks	\$2200	Eight weeks	\$3800	\$2950
				Four weeks	\$2275	\$1775

OPTIONAL SPECIALTY CAMP PROGRAMS FOR CAMPERS AGES 7-13: The fees below for each specialty camp are IN ADDITION to the 5 FULL DAY fee above:

Tennis Camp	Sports Camp	Dance & Poms Camp	Tae Kwon Do	Golf Camp grades 3-8 in 2011	Horseback Riding grades 3-8 in 2011
8 weeks \$800	8 weeks \$380	8 weeks \$550	8 weeks \$600	8 weeks \$900	8 weeks \$1380
4 weeks \$400	4 weeks \$190	4 weeks \$275	4 weeks \$300	4 weeks \$450	4 weeks \$690

MAIL TO: DECOMA DAY CAMP 1304 ROSEWOOD AVE DEERFIELD, IL 60015

CAMPER'S NAME	BIRTHDATE	PROGRAM	# WEEKS (4 weeks min)	START DATE	OPTIONAL SPECIALTY CAMPS (4 week minimum for each specialty camp)					
					SPECIALTY CAMP I	#wks	start date	SPECIALTY CAMP II	#wks	start date
<input type="checkbox"/> boy <input type="checkbox"/> girl	___/___/___ mo day year	<input type="checkbox"/> 5 full days <input type="checkbox"/> 3 full days shortened days: <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 8 <input type="checkbox"/> 4 or ___wks	___/___ mo day			___/___ mo day			___/___ mo day
<input type="checkbox"/> boy <input type="checkbox"/> girl	___/___/___ mo day year	<input type="checkbox"/> 5 full days <input type="checkbox"/> 3 full days shortened days: <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 8 <input type="checkbox"/> 4 or ___wks	___/___ mo day			___/___ mo day			___/___ mo day
<input type="checkbox"/> boy <input type="checkbox"/> girl	___/___/___ mo day year	<input type="checkbox"/> 5 full days <input type="checkbox"/> 3 full days shortened days: <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 8 <input type="checkbox"/> 4 or ___wks	___/___ mo day			___/___ mo day			___/___ mo day

TRANSPORTATION Please be as specific as possible.

- AM/PM bus service
 Own transportation
 AM/PM extended camp (no bus service)
 MIXED: Bus service one way + Extended Camp one way

note additional information here:

AM: _____ PM: _____

ADDRESS _____ City _____ Zip _____

HOME PHONE _____ Mom's cell _____ Dad's cell _____

Work Phone _____ Fax (hm wk) _____ Email _____

Enclosed is a deposit of \$500 per child as enrollment in Decoma Day Camp for summer of 2011. I understand that my deposit is refundable only before May 1, 2011 and that my balance is due on or before May 15, 2011. In case my child has a medical emergency at a time that I cannot be reached, I give Decoma Day Camp permission to authorize emergency measures necessary for my child's welfare. My child has permission to participate in Decoma's field trips and all camp activities. I give Decoma Day Camp permission to use my child's photo for camp publication.

Parent's Signature _____ Date _____

PAYMENT METHOD: Check enclosed (Please make checks payable to Decoma Day Camp, 1304 Rosewood Ave., Deerfield, IL 60015.)

Visa MasterCard Discover Number: _____ - _____ - _____ - _____ Exp Date _____ / _____ CVD# _____

Name as it appears on card _____ Signature _____ Amount _____