

Countryside Summer Camps 2018 Enrollment Form

Student Name _____ Birthdate _____

Address _____

Phone(s) _____

Parent/Guardian Names _____

Address _____

Home Phone _____ Work Phone _____

E-mail address _____ Student entering grade _____

How did you hear about our Summer Camps? _____

Parent/Guardian Signature

Date

Please attach your check to this form. Send to:

Susan Richardson – Summer Camps
Countryside School
4301 W. Kirby Ave.
Champaign, IL 61822

Checks should be made payable to
Countryside School. No cash, please.

Session 1 Camp Title: _____ \$150 \$ _____

Add Early Bird Drop Off: \$15 \$ _____

Session 2 Camp Title: _____ \$150 \$ _____

Add Early Bird Drop Off: \$15 \$ _____

Session 3 Camp Title: _____ \$150 \$ _____

Add Early Bird Drop Off: \$15 \$ _____

Total Tuition \$ _____

Office Use Only
Form
Tuition
Emergency/Field Trip/Photo