

CAMP OAK HILL REGISTRATION 2018

Name of camper: _____

Nickname: _____

My child will be entering _____ grade in the fall.

I am interested in sending him/her to Camp Oak Hill for the following weeks:

_____ **Two full days** (T-Th) of the following **six weeks**: June 25th, July 2nd, July 9th, July 16th, July 23rd, and July 30th. Please circle the weeks that apply.
(NO CAMP JULY 4TH)

_____ **Three full days** (M-W-F) of the following **six weeks**: June 25th, July 2nd, July 9th, July 16th, July 23rd, and July 30th. Please circle the weeks that apply.
(NO CAMP JULY 4TH)

_____ **Four full days** (M-T-W-Th) of the following **six weeks**: June 25th, July 2nd, July 9th, July 16th, July 23rd, and July 30th. Please circle the weeks that apply.
(NO CAMP JULY 4TH)

_____ **Five full days**(M-T-W-Th-F) of the following **six weeks**: June 25th, July 2nd, July 9th, July 16th, July 23rd, and July 30th. Please circle the weeks that apply.
(NO CAMP JULY 4TH)

_____ I elect to pay in full by April 13, 2018 and receive a 10% discount.

_____ I elect to pay a \$500 deposit per child and pay the balance by May 15, 2018.

*There will be no camp refunds after May 30, 2018. Any refunds given prior to May 30th will be subject to a \$100 processing fee. Campers may not receive both the 10% early payment discount and the second sibling discount, however the \$200 registered and paid camper referral does apply.

**Please make checks payable to Oak Hill Academy and return all camp registration forms to Mrs. Scheuer in the main office.

Thank you for choosing Camp Oak Hill...The Place for Summer

CAMP OAK HILL REGISTRATION 2018

Name of camper: _____ DOB: _____
Gender: Boy/Girl

Address: _____

Name of parent/guardian: _____

Cell #: _____

Work #: _____

Primary email: _____

If not available in an emergency, please contact:
_____ @ _____

Pediatrician: _____ Phone #: _____

Address: _____

Preferred Hospital: _____

Allergies/Concerns/Comments/Special Needs: _____

Camp Oak Hill T-Shirt – Circle size: **S M L** (youth sizes) Additional T shirts - \$11.00

Signature of parent/guardian (1) _____

Signature of parent/guardian (2) _____

Please list all adults authorized to transport your child (children) to and from camp.
They will be asked to show proof of identification.

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Name: _____ Cell #: _____