



5001 Tudor Place, Durham, NC 919-544-2872
www.tppk.org

Summer Camp Application 2010

Child's name _____ Birthdate _____

_____ Male _____ Female

Address _____

Mother's name _____ phone (H) _____ (W) _____ (C) _____

Father's name _____ phone(H) _____ (W) _____ (C) _____

Email address _____

Another emergency contact _____ phone _____

Please check all sessions for which you wish to register:

___ June 7-10 (9:00-12:00) \$125

___ June 21-24 (9:00-12:00) \$125

___ August 9-12 (9:00-12:00) \$125

Total payment due with application \$ _____

Your check number _____

If your chosen week of camp is cancelled due to lack of minimum enrollment, your registration fee will be refunded. Otherwise, registration fee is non-refundable.

A medical form must be on file. Please make us aware of any allergies or special needs. If your child has any physical, mental or emotional concerns please state:
