

FIND US ON YOUTUBE: AMIGUITOS SUMMER CAMPS 2023 REGISTRATION FORM EASTSIDE



5101 SE Aldercrest Rd., Milwaukie, OR 97225 (503)-653-4081
EIN 93-1274641

STUDENT NAME: _____ DOB _____

PARENT(S)/GUARDIAN(S) NAME(S): _____

ADDRESS: _____

CITY, ZIP CODE _____

Email address _____

HOME PHONE _____ MOBILE PHONE _____

EMERGENCY CONTACT: _____ PHONE _____

FOOD ALLERGIES: _____

OTHER ALLERGIES: _____

If your child requires medication, please complete a Permission form for Prescribed Medication.

REGISTER MY CHILD FOR CAMP(S) INDICATED BELOW (Check box/s)

- | | | | | | | |
|---------------|--------------------------|-----------|--------------------------|-----------|------------------|-----------------------|
| o 7/31 - 8/4 | <input type="checkbox"/> | 9-1 \$250 | <input type="checkbox"/> | 9-3 \$350 | 3 to 8 year olds | PIRATAS |
| o 8/7 - 8/11 | <input type="checkbox"/> | 9-1 \$250 | <input type="checkbox"/> | 9-3 \$350 | 3 to 8 year olds | GERMINACIÓN |
| o 8/14 - 8/18 | <input type="checkbox"/> | 9-1 \$250 | <input type="checkbox"/> | 9-3 \$350 | 3 to 8 year olds | DEPORTES |
| o 8/21 - 8/25 | <input type="checkbox"/> | 9-1 \$250 | <input type="checkbox"/> | 9-3 \$350 | 3 to 8 year olds | DIVERSIÓN CON NÚMEROS |

Tee shirt included. Please check size:

<input type="checkbox"/> X-Small	<input type="checkbox"/> Small (6-8)	<input type="checkbox"/> M (10-12)
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POLICIES

- **Payment: 50% with registration, 50% first day of camp. See refunds.**
- **NO SIBLING DISCOUNT**
- **Refunds: If cancellation is made by June 16, all but \$75 will be refunded. HOWEVER, if cancellation are made on or after June 17, there will be no refund.**
- **Lunch:** children attending 9-1 NO LUNCH. Children attending 9-3 bring their own lunch Monday through Thursday. Please write your child's name on their lunch bag. Snacks are included in all camps (popsicles on Fridays).
- **I have read and understand the terms and policies as stated in this form and . . .**
- o **I am attaching Check # _____ in the amount of \$ _____**
- o **I am attaching cash in the amount of \$ _____**

DATE _____

SIGNATURE _____