



STUDENT INFORMATION:

Student Name: _____ Gender: Male Female Grade Completed: _____

Date of Birth: _____ Age: _____ School Attended: _____

Address: _____
Street City State Zip

Name of Parent/Guardian: _____

Parent/Guardian Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Emergency Contact/Designated Pick Up Person: _____ Phone: _____

Does your child have any health concerns we should be aware of? Yes No

If yes, please specify. _____

T-Shirt Size Youth Size _____ OR Adult Size _____ * Applicable for select programs

SESSION & COURSE	First Choice: Name of Course <i>* Please include Section if applicable</i>	Second Choice: Name of Course <i>* Please include Section if applicable</i>
Session 1	June 24 th , 25 th , 26 th , 27 th , 28 th	
Session 2	July 8 th , 9 th , 10 th , 11 th , 12 th	
Session 3	July 15 th , 16 th , 17 th , 18 th , 19 th	
Session 4	July 22 nd , 23 rd , 24 th , 25 th , 26 th	

BEFORE AND AFTER CAMP CARE:

Daily Rate: Indicate Date(s) _____ AM ONLY PM ONLY AM&PM NO BEFORE AND AFTER CAMP CARE

*Students attending the After Camp Care Program should be picked up promptly. Late fees will be charged beginning at 6:01pm. The fee for late pick up is \$20, per child, per 15 minutes. Chronic lateness may result in student dismissal without a refund.

PAYMENT INFORMATION:

Tuition \$ _____

Material Fees (If applicable) \$ _____

Before & After Care (If applicable) \$ _____

Total: \$ _____ ONLINE CHECK # _____

*If paying by check, please make checks payable to: **MTPS** and return to:

Summer Enrichment - c/o Lauren McGlone
803 North Stanwick Road
Moorestown, NJ 08057