



University Avenue Discovery Center School Age Summer Camp 2010 Enrollment Form

Child

Name of Child _____ Gender _____
Age _____ Birth date _____ Grade in Fall _____

Sponsor 1 (Parent/Guardian)

Name _____ Home Phone _____
Home Address _____
City, State, Zip _____
Employer _____ Work Phone _____
Other contact information (e-mail, cell phone, etc.) _____

Sponsor 2 (Parent/Guardian)

Name _____ Phone _____
Home Address _____
City, State, Zip _____
Employer _____ Work Phone _____
Other contact information (e-mail, cell phone, etc.) _____

Notes

A registration fee of \$100 + one week's tuition and \$30 towards the purchase of a summer bus pass for your child is due with the enrollment form.

Program Contract other side.

1609 University Ave · Madison, WI · 53726
Phone: (608) 233-5371 · Fax: (608) 233-5371
director@uadc.org · www.uadc.org



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Please keep a copy of this contract for your records.

Name of Child(ren): _____

We (I) have read and agree to the following information. Contracts may be submitted immediately and will be locked-in as received (\$100 + first week's tuition due/child enrollment fee and \$30.00 for purchase of a summer bus pass).

We (I) understand that a four week block minimum enrollment for the summer is required.

We (I) understand that the full tuition for each block must be paid by the first day of attendance.

We (I) understand that written notice must be given to add days. Extra days \$50, space permitting.

We (I) understand that the enrollment fee is non-refundable.

The first Block Session's tuition minus the first week is due on the child's start date.

We (I) wish to contract for the Block Sessions indicated below.

Parent Signature

Please circle the days of the week your child(ren) will be attending:

M T W R F

Please check the Block Session(s) your child(ren) will attend:

_____ **Block 1: June 14th – July 9th**

_____ **Block 2: July 12th – August 6th**

_____ **Block 3: August 9th – August 27th**

Office Use Only	
Weekly Rate	
Number of Weeks	
Total	