



# 2019 DAY CAMP REGISTRATION FORM

- Camp Hours are 9:00 a.m. to 4:00 p.m. -

For information contact: Toni White, Day Camp Director by e-mail at [highlandhtsdaycamp@gmail.com](mailto:highlandhtsdaycamp@gmail.com).

If registering by mail, return the registration form with your check to the City of Highland Hts., 5827 Highland Rd., Highland Hts., OH 44143. Or you may register in person at the Highland Hts. City Hall during business hours or online at [www.highlandhts.com](http://www.highlandhts.com).

Parent Orientation is Thursday, May 30, 2019 at 7:00 p.m. at Highland Hts. City Hall

\_\_\_\_\_ Resident (*Highland Heights Residents only*) \_\_\_\_\_ Non-Resident

**Please check the weeks your child will attend and circle the appropriate fee.**

Weeks	Early Bird Fees (Paid by May 3)		Regular Fees (Paid after May 3)		Please check the weeks your child will attend
	Resident Fees	Non-Res. Fees	Resident Fees	Non-Res. Fees	
_____ All 8	\$985	\$1,285	\$1,010	\$1,310	_____ June 3-June 7
_____ Any 7	\$880	\$1,145	\$ 905	\$1,170	_____ June 10-June 14
_____ Any 6	\$755	\$ 985	\$ 780	\$1,010	_____ June 17-June 21
_____ Any 5	\$630	\$ 825	\$ 655	\$ 850	_____ June 24-June 28
_____ Any 4	\$505	\$ 665	\$ 530	\$ 690	_____ July 1-July 5
_____ Any 3	\$380	\$ 505	\$ 405	\$ 530	_____ July 8-July 12
_____ Any 2	\$255	\$ 345	\$ 280	\$ 370	_____ July 15-July 19
_____ Any 1	\$130	\$ 185	\$ 155	\$ 210	_____ July 22-July 26

**Residents: Each additional week after camp starts: \$155 per week**  
**Non-Residents: Each additional week after camp starts: \$210 per week**

**Please note time of lesson if child is registered for:** \_\_\_\_\_ *Swim Lessons* \_\_\_\_\_ *Tennis Lessons*

**Please print clearly:** Camper's Name \_\_\_\_\_ Camper's Swim Level \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
 \_\_\_\_\_ Male \_\_\_\_\_ Female Address \_\_\_\_\_  
Please include City & Zip Code

**Email Address:** \_\_\_\_\_

\*\*\*\*\* Please circle T-Shirt Size (sizes run small) Youth: Sm. Med. Lg. Adult: Sm. Med. Lg. XL

Mother/Guardian Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_  
 Father/Guardian Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Bee Sting Reaction \_\_\_\_\_ Food Allergies/Dietary Restrictions \_\_\_\_\_  
 My child requests to be placed with (1 request only) \_\_\_\_\_

I agree to participate or have a family member participate in Highland Heights Recreation Programs and acknowledge that such activities present the possibility of injury. I hereby release the City of Highland Heights, its officials and employees, from any and all claims of liability for injuries, medical expenses and other damages and losses, including legal fees that result from participation in said programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Payment enclosed by: Check or Charge to Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
 Name as it appears on credit card \_\_\_\_\_ CVV# \_\_\_\_\_

\* If paying by credit card, a \$3.00 convenience charge will be added to the total.

Date Paid \_\_\_\_\_ Please Circle: Paid in Cash Paid by Check# \_\_\_\_\_ Paid by Credit Card Total Paid \$ \_\_\_\_\_