

2022 DTES Summer Camp: DTES CINEMAS

Please mark the weeks your child will participate in summer camp. Please remember you will be responsible for paying for the weeks you mark. Space is limited; we are only taking 75 students this year per week.

Camper's Name: _____

Registration Per Child (includes one camp shirt and one camp bag)	\$50.00
Extra Shirt- Must be paid with Registration (<i>Shirts are required to be worn on each field trip for safety – we have 1 trip every other week</i>)	\$10.00
Week 1 MAY 31 st -JUNE 3 rd Game Show Mania **Camp Closed MAY 30th	\$145
Week 2 JUNE 6 th -10 th Disney	\$180
Week 3 * JUNE 13 th -17 th Marvel	\$180
Week 4 *JUNE 20 th -24 th Nintendo	\$180
Week 5 * JUNE 27 th -JULY 1 st Starwars	\$180
Week 6 *JULY 11 th – 15 th Harry Potter	\$180
Week 7 * JULY 18 th -22 nd Pixar	\$180
Week 8 * JULY 25 th -28 th **Camp Closed JULY 29th (FRIDAY)	\$145
CLOSED JULY 4th-8th & AUGUST 1st – AUGUST 5th	

PLEASE READ BEFORE COMMITTING!

I understand that if I need to cancel any of the weeks marked above, I must notify the camp director by Monday, May 16th, 2022. If I cancel any of the weeks I registered for after May 16th, 2022, I will forfeit my registration fee and have to re-register in order to return to the camp.

Parents, please know that we understand that there are circumstances and conditions that are beyond your control that will not allow your child to attend summer camp. In the event a circumstance arises, please schedule a time to discuss the matter with us. It will then be to our discretion to waive the fees. Otherwise, you will be held responsible for the weeks you register.

Parent Signature: _____ Date: _____



DTES CINEMAS

PLEASE WRITE LEGIBLY (PRINT) AND COMPLETE FORM

Child's Name _____ Birthdate: ___/___/___ Age: ___

Race: _____ Gender: Male Female Grade Entering 2022-2023: _____

School Child Attends: _____

Shirt Size (please circle): Youth Small 6-8 | Youth Med. 10-12 | Youth Lg. 14-16 | Adult Small

Father's/Guardian Name _____

Address: _____ City/State _____

Employer: _____ Work #: _____ Cell#: _____

Home Phone: _____ E-Mail Address: _____

Mother's/Guardian Name: _____

Address: _____ City/State _____

Employer: _____ Work #: _____ Cell#: _____

Home Phone: _____ E-Mail Address: _____

Please write the name of the person(s) you will allow to be an emergency contact or to pick-up your child

Emergency Contact other than above

Name	Day Phone	Relationship to the child

Please list any medication, allergies or limitations requiring special attention i.e. Ritalin, food allergies, ant/bee stings:

Does your child have any special needs that we should be aware of? YES / NO

If yes, please state the need or condition _____

My child may be in photographs or video taken during camp for displays, articles and promotion YES / NO

I have fully read and understand the policies and information outlined in the Summer Camp Program Packet.

Parent Signature: _____ Date: _____

