

Please complete this receipt and attach to all payments (keep the pink copy). If you are mailing your registration, check if you want a receipt mailed:

Parent Name: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 E-Mail: _____

Credit Card Payment: Visa Mastercard
 Name as it appears on card: _____
 Card Account # _____
 Expiration Date: _____ CVV # _____
 Cardholder Address/Phone (if different from above): _____

Day Camp Sessions

Session I: June 8-12 June 15-19
 Session II: June 22-26 June 29- July 2
 Closed July 4 3rd
 Session III: July 6-10 July 13-17
 Session IV: July 20-24 July 27-31
 Session V: Aug. 3-7 Aug. 10-14

CHILD 1 Name: _____
Grade: K 1 2 3 4 5 6 7 8

DAY CAMP PROGRAM	SESSION #	\$ CHILD 1
FULL SESSION (2 Weeks)		ES/MS
Day Camp	1 3 4 5	\$210/\$240
Day Camp	2	\$190/\$220
Extended Care AM	1 2 3 4 5	40.00/Ses.
Extended Care PM	1 2 3 4 5	60.00/Ses.
Extended Care AM/PM	1 2 3 4 5	\$80/Session or \$10/day

WEEK 1 of the Session

DayCamp 1/2 Session	1 2 3 4 5	\$110/\$140
Ext.Care 1/2 Session AM	1 2 3 4 5	\$20/Week
Ext.Care 1/2 Session PM	1 2 3 4 5	\$30/Week
Ext.Care 1/2Session AM/PM	1 2 3 4 5	\$40/Week or \$10/day

WEEK 2 of the Session

DayCamp 1/2 Session	1 2 3 4 5	\$110/\$140
Ext.Care 1/2 Session AM	1 2 3 4 5	\$20/Week
Ext.Care 1/2 Session PM	1 2 3 4 5	\$30/Week
Ext.Care 1/2Session AM/PM	1 2 3 4 5	\$40/Week or \$10/day

T-Shirt	Quantity:	\$5.00/each
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CHILD 2 Name: _____
Grade: K 1 2 3 4 5 6 7 8

DAY CAMP	SESSION #	\$ CHILD 2
FULL SESSION		ES/MS
Day Camp	1 3 4 5	\$190/\$220
Day Camp	2	\$170/\$200
Ext. Care AM	1 2 3 4 5	40.00/Ses.
Ext. Care PM	1 2 3 4 5	60.00/Ses.
Ext. Care AM/PM	1 2 3 4 5	\$80/Session or \$10/day

WEEK 1

DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

WEEK 2

DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

T-Shirt	Quantity:	\$5.00/each
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CHILD 3 Name: _____
Grade: K 1 2 3 4 5 6 7 8

DAY CAMP	SESSION #	\$ CHILD 3
FULL SESSION		ES/MS
Day Camp	1 3 4 5	\$170/\$200
Day Camp	2	\$150/\$180
Ext. Care AM	1 2 3 4 5	40.00/Ses.
Ext. Care PM	1 2 3 4 5	60.00/Ses.
Ext. Care AM/PM	1 2 3 4 5	\$80/Session or \$10/day

WEEK 1

DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

WEEK 2

DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

T-Shirt	Quantity:	\$5.00/each
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Total Child #1 _____

Total Child #2 _____

Total Child #3 _____

WGRC Signature _____ **Date** _____

****Please make checks payable to WGRC.**

Total Amount Due

WGRC Member Discount

Early Bird Discount

Balance Due

Amount Paid**

Session I must be paid in full with registration!

	10%
	5% by 5/1/09
Check #	Date: