

2018 Highfield Summer Camp Registration

Camper Name: _____

Member Guest, member name: _____

Parent/guardian name: _____ Phone #: ____ - ____ - ____

Address: _____

City: _____ State: ____ Zip: _____

Date of Birth: ____/____/____ Grade Entering in Fall: ____ Male Female

Does your child have any special dietary needs?

No Yes, explain: _____

Does your child have any allergies?

No Yes, explain: _____

Week	Dates	Member		Guest	
		\$200/wk	\$230/wk with lunch	\$300/wk	\$330/wk with lunch
1	Jun 25 - 29				
2	Jul 2 - 6*				
3	Jul 9 - 13				
4	Jul 16 - 20				
5	Jul 23 - 27				
6	Jul 30 - Aug 3				
7	Aug 6 - 10				
8	Aug 13 - 17				

* There will be no camp on July 4th; cost will be pro-rated accordingly.

Parent/guardian signature: _____ Date: _____

Notes:

- Payment, in full, is required two weeks before of the week(s) your child is attending
- Camp hours are 9am-4pm (Before and aftercare is available at additional charge and needs to be pre-arranged the week prior to camp)
- To check availability for sessions, please call Highfield at (203) 758-9101 x101
- To secure registration, return forms by fax ((203) 598-7593) or mail (256 White Deer Rock Rd., Middlebury, CT 06762)