



MEC FUN FEST 2015

755 8TH STREET, NW
WASHINGTON, DC 20001
202.628.LOVE (5683)

SUMMER ENROLLMENT APPLICATION

Camper's Name: _____
(LAST NAME) (FIRST NAME) (INITIAL)

Camper's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Sex: Male ___ Female ___

Camper's Social Security #: _____ Date of Enrollment: _____

Parent Information:

Enrolling Parent/Guardian _____
(LAST NAME) (FIRST NAME) (INITIAL)

Relationship to child: _____

Address: _____ City/State: _____ Cell Phone: _____

Employer: _____ Work Phone #: _____ Ext.: _____

Work Address: _____ City/State: _____ Work Hours: _____

Driver's License #: _____ Social Security #: _____

E-mail Address: _____

Parent/Guardian: _____
(LAST NAME) (FIRST NAME) (INITIAL)

Relationship to child: _____

Address: _____ City/State: _____ Cell Phone: _____

Employer: _____ Work Phone #: _____ Ext.: _____

Work Address: _____ City/State: _____ Work Hours: _____

Driver's License #: _____ Social Security #: _____

E-mail Address: _____

Primary Residence: ___ With Mother ___ With Father ___ With Both ___

With Guardian (Name): _____

Parent's Martial Status: _____ Married _____ Single _____ Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

(If yes, include in release section below. If no, documentation from the court may be required.)

The child will be released only to the people on this application and the following persons:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

I. ENROLLED IN: WEEKLY

Full Time Camper \$175.00

II. PAYMENT and FEES:

A \$50 non-refundable activity fee is required with submission of the enrollment application. This fee also includes a backpack, water bottle & one t-shirt that must be worn on field trips. Weekly payments are due on Monday mornings the week prior to care (*see tuition calendar*).

Late pick up of a child (after 6:00 P.M.) requires that the person who picks up the child pay a fine directly to the teacher. This fine is \$5.00 for the first minute and \$1.00 per minute thereafter per family.

I have read the foregoing and agree with the terms as stated in this document.

Parent/Guardian

Date

Please check what week(s) your child will join us

- | | | | |
|--------------------------|---------------|----------------------------------|---|
| <input type="checkbox"/> | Week 1 | Getting to Know You! | June 29th – July 3rd |
| <input type="checkbox"/> | Week 2 | Art Smart! | July 6th – 10th |
| <input type="checkbox"/> | Week 3 | What's Your Story? | July 13th – 17th |
| <input type="checkbox"/> | Week 4 | Next Top Chef! | July 20th – 24th |
| <input type="checkbox"/> | Week 5 | Mad Science! | July 27th – 31st |
| <input type="checkbox"/> | Week 6 | I Spy! | Aug 3rd – 7th |
| <input type="checkbox"/> | Week 7 | What's Your Game? | Aug 10th – 14th |
| <input type="checkbox"/> | Week 8 | I've Got the Music in Me! | Aug 17th – 21st |