

**COLUMBIA CHILD DEVELOPMENT PROGRAM**  
 Town Park Village \* 1310 Ferry Road \* Bloomsburg, PA 17815  
**Summer Adventure Camp 2017**  
**Registration Form**

<b>Child's Name</b>	<b>Birthdate</b>
<b>Parent's Name</b>	<b>Grade Completed</b>
<b>Address</b>	<b>T-Shirt Size (s,m,l,xl)</b>
<b>Cell/Home #</b>	<b>Work #</b>
<b>Weekly Fee - \$160</b>	

**CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING SUMMER ADVENTURE CAMP:**

_____	<b>Week #1</b>	<b>June 19-23</b>	<b>Tee-To-Green</b>
_____	<b>Week #2</b>	<b>June 26-30</b>	<b>P-Nut Bowl</b>
_____	<b>Week #3</b>	<b>July 3-7</b>	<b>Claws and Paws</b>
_____	<b>Week #4</b>	<b>July 10-14</b>	<b>Little League Museum</b>
_____	<b>Week #5</b>	<b>July 17-21</b>	<b>Skatetown/Lazer Tag</b>
_____	<b>Week #6</b>	<b>July 24-28</b>	<b>Bloomsburg Theatre Ensemble</b>
_____	<b>Week #7</b>	<b>July 31-Aug 4</b>	<b>Knoebels Amusement Park</b>
_____	<b>Week #8</b>	<b>Aug 7-11</b>	<b>Camel Beach</b>
_____	<b>Week #9</b>	<b>Aug 14-18</b>	<b>Rickett's Glen and Carnival</b>

<b>Days Attending (M,T,W,Th,F)</b>	<b>TO</b>
	<b>Hours care is needed</b>

I agree to pay the required fee for each week that I have signed my child up for Summer Adventure Camp, which must be paid in full the first day of each service week to Columbia Child Development Program (CCDP).

I understand that I have signed my child up for \_\_\_\_\_ weeks of Summer Adventure Camp and that I am financially responsible for those weeks, whether my child is in attendance or not.

I understand that changes to the schedule may be made before the program begins on June 6, but any changes after that day will be for emergencies only, and must be made in writing.

<b>Parent's Signature</b>	<b>Date</b>
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**Office use only:**

**Pool Pass \$** \_\_\_\_\_ **Ck/Rcpt #** \_\_\_\_\_