



**Country
Childrens
Center** SM

Summer Adventure Camp 2011 Registration

Child's Name: _____ DOB: _____ Grade as of 9/11 _____

Child's Name: _____ DOB: _____ Grade as of 9/11 _____

Address: _____
Street address City/State Zip Code

Mother's Name: _____	Father's Name: _____
Home Number: _____	Home Number: _____
Work Number: _____	Work Number: _____
Cell Number: _____	Cell Number: _____
E-Mail Address: _____	E-Mail Address: _____

Parent Signature: _____ Date: _____

Desired schedule:

- Session 1: July 5th- July 29th 2011
- Session 2: August 1st- August 26th 2011
- Full Summer: July 5th- August 26th 2011
- Extended Day (7:30- 6:30)
- Transportation from Yorktown Site

Please mail completed registration with a \$500 non-refundable deposit (payable to CCC) to:

**CCC Summer Adventure Camp
P.O. Box 91
Katonah, NY 10536
Must be received by April 1, 2011**



Country
Childrens
CenterSM

Registration for Part-Time Senior Camper 2011

Child's Name: _____ DOB: _____ Grade as of 9/11 _____

Child's Name: _____ DOB: _____ Grade as of 9/11 _____

Address: _____
Street address City/State Zip Code

Mother's Name: _____

Father's Name: _____

Home Number: _____

Home Number: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

E-Mail Address: _____

E-Mail Address: _____

Parent Signature: _____ Date: _____

Desired weeks:

Please mail completed registration with a \$400 per week fee (payable to CCC) to:

**CCC Summer Adventure Camp
P.O. Box 91
Katonah, NY 10536**