

Fairview Gardens Summer Registration Form

Parent(s) name: _____ Today's Date: _____

Address: _____

Phone(s): _____ Email: _____

Who is the child who will be attending: (Please use a separate application for each child attending)

Name: _____ Relationship: _____ Birth Date _____

Age child will be at start of program: _____

Do you have any dietary/medical restrictions?: _____

Programs ATTENDING:

TURNIP TOTS (age 3-5) Monday-Friday, 9AM-1PM

Session 1: July 5- July 9

PUMPKIN PALS (age 6-8) Monday-Friday, 9AM-3PM

Session 2: July 12-July 16

BROCCOLI BANDITS (age 9-11) Monday-Friday, 9AM-3PM

(Circle all attending sessions)

Session 3: July 26-July 30

Cost of a camp session: \$300 x Number of Sessions _____ Your Payment: \$ _____

Amount Enclosed: \$ _____ (Checks payable to: Fairview Gardens)

For Credit Card, complete below:

Name on Credit Card: _____ **Signature:** _____

Number of Credit Card: _____ Expiration: _____ 3 Number Security: _____

Amount to be charged: \$ _____

Please return to: **Fairview Gardens,**
598 N. Fairview Ave, Goleta CA, 93117 805-967-7369, Fax 805-967-0188