

# Fairview Gardens Summer Registration Form 2011

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-2PM**

*(Circle all attending sessions)*

Session 1: June 6 – 10

Session 7: July 25 – 29

Session 3: June 20 – 24

Session 8: Aug 1 – 5

Session 5: July 11 – 15

Session 9: Aug 8 – 12

Session 6: July 18 – 22

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

*(Circle all attending sessions)*

Session 1: June 6 – 10

Session 6: July 18 – 22

Session 2: June 13 – 17

Session 7: July 25 – 29

Session 3: June 20 – 24

Session 9: Aug 8 - 12

Session 4: June 27 – July 1

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

*(Circle all attending sessions)*

Session 2: June 13 – 17

Session 5: July 11 – 15

Session 4: June 27 – July 1

Session 8: Aug 1 – 5

**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