

Registration Form 2017

Lincoln - Shimek Summer Camp

Name of Child (please fill out a form for each child): _____

Name of Guardian (name on payment form): _____

Please check next to the weeks the child will be attending whether you will be paying full tuition or half tuition up front

	Full Tuition	Half Tuition	Thurs. Trip	For Staff use only
1. 6/5-6/9: \$230	_____	_____	Adventureland	_____
2. 6/12-6/16: \$215	_____	_____	Playstation	_____
3. 6/19-6/23: \$230	_____	_____	Niabi Zoo & Putnam	_____
4. 6/26-6/30: \$215	_____	_____	Maquoketa Caves	_____
5. 7/3-7/7: \$215	_____	_____	Wellman Roller Skating	_____
6. 7/10-7/14: \$230	_____	_____	Lost Island	_____
7. 7/17-7/21: \$215	_____	_____	Mississippi River Mus.	_____
8. 7/24-7/28: \$215	_____	_____	Fun City	_____
9. 7/31-8/4: \$215	_____	_____	Living History Farms	_____
10. 8/7-8/11: \$215	_____	_____	Des Moines Science	_____

Total: _____ as of (date) _____

For the Weeks specified above I _____ (signature)
 am paying _____ (total),
 which covers (please circle one) Full Tuition / Half Tuition