

Registration Form 2019

Lincoln - Shimek Summer Camp

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

Name of Guardian (name on payment form): _____

Guardian Email and Phone # _____ / _____

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		For Staff use only
1. 6/3-6/7: \$	_____	_____	Big Field Trip Edinburgh Manor	_____
2. 6/10-6/14: \$	_____	_____	Adventureland	_____
3. 6/17-6/21: \$	_____	_____	Living History Farms	_____
4. 6/24-6/28: \$	_____	_____	Niabi Zoo & Putnam Sci	_____
5. 7/1-7/5: \$	_____	_____	Wellman Roller Skating	_____
6. 7/8-7/12: \$	_____	_____	Maquoketa Caves	_____
7. 7/15-7/19: \$	_____	_____	Lost Island Waterpark	_____
8. 7/22-7/26: \$	_____	_____	Mississippi River Museum	_____
9. 7/29-8/2: \$	_____	_____	Fun City	_____
10. 8/5-8/9: \$	_____	_____	Des Moines Science	_____

For the Weeks specified above I _____ (signature)

am paying _____ (amount),

which covers (please circle one) Full Tuition / Half Tuition