

**PLEASE PRINT ALL INFORMATION ALONG WITH THIS FORM AND YOUR DEPOSIT.
USE A SEPARATE FORM FOR EACH CHILD.**

Child's Name _____

Date of Birth _____ Age (as of 6/1/10) _____ Male Female

Address _____ Apartment # _____

City _____ State _____ Zip _____ Home Phone _____

School _____ Entering Grade in September 2010 _____

Mother's / Guardian's Name _____ Business Phone _____

Email Address _____ Cell Phone _____

Father's / Guardian's Name _____ Business Phone _____

Email Address _____ Cell Phone _____

Please make checks payable to The Caedmon School Discovery Camp

- Session 1:** June 21 through July 2
- Session 2:** July 5 through July 16
- Session 3:** July 19 through July 30

- Please send financial aid form. Limited aid is available.
- I have enclosed an enrollment deposit of \$1,000, which includes a non-refundable \$500 registration fee.
- Please send me a registration form for Childminding.

Return To:

The Caedmon School Discovery Camp
Attention Sarah Franklin
416 East 80th Street
New York, N.Y. 10075
Phone (212) 879-2297
Fax (212) 585-2643