

CAMP SHI'INI - 2010 ENROLLMENT FORM

The 2010 session begins on **Monday, June 28th** and concludes on **Friday, July 30th**. Please fill in the boxes legibly.

CHILD'S FULL NAME:		GENDER:	
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CHILD'S DATE OF BIRTH:		CHILD'S SCHOOL:	
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CHILD'S GRADE: <small>(AS OF SEPTEMBER 2010)</small>		SESSION: <small>(PLEASE CIRCLE ONE)</small>	Daily \$2,245	M/W/F \$1,395	Tu/Th \$895
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CHILD'S SHIRT SIZE: <small>(PLEASE CIRCLE ONE)</small>	Child S	Child M	Child L	Adult S	Adult M
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PARENTS' FULL NAMES:	
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ADDRESS:		CITY:		ZIP:	
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HOME PHONE:		PRIMARY E-MAIL:	
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CELL PHONE 1:		CELL PHONE 2:	
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WORK PHONE 1:		WORK PHONE 2:	
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REQUESTED BUDDIES: <small>(YOU MAY ONLY LIST THREE)</small>	<small>You may request three friends to be in your child's group. (They must be within 9 months of your child's age.)</small>
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CHECK THIS BOX IF YOU ARE PAYING VIA CHECK **CHECK THIS BOX IF YOU ARE PAYING VIA CREDIT CARD**

Tuition is due in full by May 7th, 2010, but space is limited! Slots are filled on a first-come, first-served basis, so it is imperative you send this completed enrollment form back with a \$300 deposit to reserve your child's space at camp. If you are paying via check, please make your check out to Camp Shi'ini. There are no refunds given for time missed at camp. **All camp deposits are non-refundable after March 15th, 2010.** Additional information will be mailed out after your deposit has been received. If you are paying via credit card, please fill out the lower portion of this form.

I, _____, authorize Camp Shi'ini to charge my credit card for \$300.00, upon receipt of this form. I also authorize Camp Shi'ini to charge my credit card for the remaining balance of my tuition on the week of May 7th, 2010.

Please print your name exactly as it appears on your credit card: _____.

Please place a check-mark next to the type of credit card used:  

CREDIT CARD #:		EXP DATE:	
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Down below, please provide the billing address of which the credit card is registered. (The address where your monthly statements are sent.)

CARD SECURITY CODE:	
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(The unique 3-digit code on the back of your credit card.)

ADDRESS:		CITY:		ZIP:	
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As the credit card holder, I authorize Camp Shi'ini to charge my credit card for the \$300.00 camp deposit upon receipt of this form; and for the remaining balance on the week of May 7th, 2010. As the credit card holder, I understand that all payments made after March 15th, 2010 are non-refundable.

Cardholder's Signature: _____ Date: _____

The charge on your monthly credit card statement will appear as Camp Shi'ini / Authorize.Net. Call us at (626) 922-0945 with any questions.

(A) Mail in this enrollment form (with your check if you are paying via check) to: Camp Shi'ini, 1613 Chelsea Road, #279, San Marino, CA 91108. (B) Or fax this enrollment form to (626) 441-0033. If you are faxing your enrollment form AND paying via check, be sure to mail us your check. We will hold your spot for 5-business days when waiting for the check to arrive. If you have any questions about the enrollment process, please call us at (626) 922-0945.