



Fill-out the second page of this form in order to enroll your child(ren) for the Summer 2012 Session of Camp Shi'ini. Once you've completely filled-out the form, you may either:

Fax it: (626) 441-0033

~ or ~

Mail it: Camp Shi'ini
1613 Chelsea Road, #279
San Marino, CA 91108

*If you are paying via **CREDIT CARD**, please be sure to fill out the entire lower-portion of the form.*

*If you are paying via **CHECK**, please be sure to make your check out to "Camp Shi'ini." If you are faxing your enrollment form and paying via check, be sure to mail in your check. We will hold your spot for 5-business days when waiting for the check to arrive.*

If you have any questions, please call us at (626) 922-0945.

CAMP SHI'INI 2012 ENROLLMENT FORM

The 2012 session begins **Monday, June 25th** and concludes **Friday, July 27th**. Please write legibly.

NAME OF PERSON FILLING OUT FORM: _____

RELATIONSHIP TO CHILD: _____ **PRIMARY PHONE:** _____

CHILD'S FULL NAME: _____ **GENDER:** _____

CHILD'S DATE OF BIRTH: _____ **CHILD'S SCHOOL:** _____

CHILD'S GRADE: _____ **SESSION:** Daily M/W/F Tu/Th
AS OF SEPTEMBER 2012 PLEASE CIRCLE ONE \$2,195 \$1,445 \$795

CHILD'S SHIRT SIZE: Child S Child M Child L Adult S Adult M
PLEASE CIRCLE ONE

PARENTS' FULL NAMES: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE: _____ **PRIMARY E-MAIL:** _____

CELL PHONE 1: _____ **CELL PHONE 2:** _____

WORK PHONE 1: _____ **WORK PHONE 2:** _____

REQUESTED BUDDIES: _____
YOU MAY LIST THREE Request up-to-3 friends to be in your child's group. They must be within 9 months of your child's age.

CHECK THIS BOX IF PAYING VIA CHECK **CHECK THIS BOX IF PAYING VIA CREDIT CARD**

Tuition is due in full by May 1, 2012, 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. Deposits are non-refundable. 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.

CHECK TYPE OF CREDIT CARD USED:    

NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD #: _____ **EXP. DATE:** _____

SECURITY CODE: _____ **ADDRESS:** _____

The 3-digit or 4-digit code on the back of your card.

Billing address where card is registered. (Address where monthly statements are sent.)

I authorize Camp Shi'ini to charge my credit card for the \$300 camp deposit upon receipt of this form; and for the remaining balance on May 1, 2012. I understand that all credit card charges (including balance due) are non-refundable. I understand that even if I choose to withdraw my child(ren) from the Camp Shi'ini, I will not get my deposit fee returned to me.

CARDHOLDER'S SIGNATURE: _____ **DATE:** _____

The charge on your monthly credit card statement will appear as PayPal/Camp Shi'ini. 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. 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 feel free to call us at (626) 922-0945.**