

# Spanish With Sarah

2204 NE Birch St., Camas, WA 98607

360-990-1585

www.spanishwithsarah.com

PRESCHOOL-  
FIFTH GRADE



## Application for 2019 Summer Camps

### Parent/Guardian Information

Name \_\_\_\_\_ email \_\_\_\_\_ Cell \_\_\_\_\_  
 Name \_\_\_\_\_ email \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Student Information

Name _____		Age _____	Male/Female _____
First _____	(Please circle your camps:)	Last _____	
Date of Birth ____/____/____	Spanish: Camp 1 July 8-12	Camp 2 August 5-9	Science Camp July 15-19
	Preschool: Camp 1 July 8-12	Camp 2 August 5-9	
Name _____		Age _____	Male/Female _____
First _____	(Please circle your camps:)	Last _____	
Date of Birth ____/____/____	Spanish: Camp 1 July 8-12	Camp 2 August 5-9	Science Camp July 15-19
	Preschool: Camp 1 July 8-12	Camp 2 August 5-9	
Name _____		Age _____	Male/Female _____
First _____	(Please circle your camps:)	Last _____	
Date of Birth ____/____/____	Spanish: Camp 1 July 8-12	Camp 2 August 5-9	Science Camp July 15-19
	Preschool: Camp 1 July 8-12	Camp 2 August 5-9	

School my child(ren) is currently attending: \_\_\_\_\_

Specify: \_\_\_\_\_

Special needs, concerns or gifts of my child(ren) \_\_\_\_\_

Allergies \_\_\_\_\_

Persons with permission to pick-up my child(ren) \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

1/2 Camp fees are due at the time of registration for all camps.

Spanish Camps and Preschool Camps \$150      Science Camp \$180

Remaining balance is due the 1st day of camp.

Office Use: Amount paid \_\_\_\_\_ Date Received \_\_\_\_\_ Received by \_\_\_\_\_