HARRIS FAMILY CHILDREN'S CENTER
SUMMER CAMP 2009
REGISTRATION REQUEST

FAMILY INFORMATION:

Child's Name: _____

Birth Date: ___ / ___ / ___ **Sex:** Male Female

Parent(s) Name(s): _____

Address: _____

Home Phone: ( )_____**Work:** ( )_____**Cell**: ( )_____

Email address: _____

REGISTRATION INFORMATION:

Please check any/all sessions requesting	SESSION RATE	DEPOSIT
_____ **SESSION I: WEEK 1: JUNE 22- JUNE 26***	**$195**	**$50**
_____ **SESSION I: WEEK 2: JUNE 29 – JULY 2***	**$195**	**$50**
_____ **SESSION II: JULY 6 – JULY 17**	**$390**	**$100**
_____ **SESSION III: JULY 20 – JULY 31**	**$390**	**$100**
_____ **SESSION IV: AUG 3 – AUG 14**	**$390**	**$100**
_____ **ALL FOUR SESSIONS: JUNE 22 – AUG 14**	**$1460**	**$400**

* Session I is broken down into 2 one-week increments because of snow make-up days

If your first choice of sessions is not available, you may be offered alternative dates.
A **non-refundable** deposit will be required for each session (or week) to secure your child's place in the HFCC Summer Camp Program. This non-refundable deposit will be applied towards the first week's tuition of each session. If you have additional questions, please contact the Enrollment Manager at (603) 777-3150 or childrenscenter@exeter.edu.

Please mail form and deposit to:
Harris Family Children's Center
Phillips Exeter Academy
20 Main Street
Exeter, NH 03833

*** We encourage printing this on recycled paper*** *P*