



SUMMER CAMP 2011 REGISTRATION REQUEST

Please enroll my family in the Summer Camp 2011 program noted below:

301 E. Berkley Ave.
Clifton Heights

328 Main St.
Colwyn

350 W. State St.
Media

Sharon Hill School
Sharon Hill
MUST BE SE DELCO RESIDENT

Sun Valley High School
Aston
MUST BE PENN DELCO RESIDENT

CHILD'S NAME _____ CURRENT GRADE _____
T-Shirt Size: Youth - Small Medium Adult - SM MED L XL

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T-Shirt Size: Youth - Small Medium Adult - SM MED L XL

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T-Shirt Size: Youth - Small Medium Adult - SM MED L XL

PARENT/GUARDIAN _____ SS# _____

HOME ADDRESS _____

TOWN _____ STATE _____ ZIP _____

DAYTIME PHONE # _____

EMAIL ADDRESS _____

CURRENT SCHOOL _____

MY CHILD WILL ARRIVE BY _____ am AND DEPART BY _____ pm
Additional charges for attending more than 10 hours per day will apply

Is your child currently receiving, or scheduled to receive CCIS subsidies? Yes No

**PLEASE RETURN BY APRIL 4th WITH REGISTRATION FEE
& FIRST INSTALLMENT OF ACTIVITY FEE TO
TODAY'S CHILD ♦ 1016 MAPLE AVENUE ♦ SHARON HILL, PA 19079**