



A World of Peace Summer Day Camp Registration

Mail registration form and payment to: 1434 Josephine St., Berkeley, CA 94703 (510) 517-6694

Camper Information:

Name: _____ Birthdate: _____ Age/Gender/Non-binary: _____

Grade in Fall '24 _____ School: _____ Prior camp experience? Yes ___ No ___ If yes, where: _____

Contact Parent Information 1: (Responsible for all forms, information and fees)

Name: _____ Hm phone: _____ Wk phone: _____

cell: _____ Address: _____ City/State/Zip: _____

email: _____

Contact Parent Information 2:

Name: _____ Hm phone: _____ Wk phone: _____

cell: _____ Address: _____ City/State/Zip: _____

email: _____

Emergency Contact Information:

Name: _____ Relationship: _____ phone: _____

CHECK BOX FOR SESSIONS AND CIRCLE FEES:

Session 1: June 10th – June 20th

- Entering K = \$475./session
- Entering 1st– 5th = \$475./session
- Entering 6th – 9th= \$475./session

Session 2: June 24th – July 5th (closed 7/4)

- Entering K= \$475./session
- Entering 1st–5th = \$475./session
- Entering 6th–9th= \$475./session

Session 3: July 8th – July 18th

- Entering K = \$475./session
- Entering 1st–5th = \$475./session
- Entering 6th –9th = \$475./session

Session 4: July 22nd - Aug. 1st

- Entering K = \$475./session
- Entering 1st– 5th = \$475./session
- Entering 6th– 9th = \$475./session

Need-based scholarships available, upon request

Camp Fees:

Session1 _____ +Session2 _____ +Session 3 _____
+Session4 _____ = \$ _____

Discounts: (% of total camp fees, subtract from camp fees)

5% off - sibling discount - \$ _____

The discount applies to one family member, not each.

A World of Peace Summer Day Camp T-Shirts: (everyone needs one)
Circle the appropriate size and price

Child: S	M	L	XL	\$18	\$ _____
Adult: S	M	L	XL	\$22	\$ _____

Registration Fee per Camper: (non-refundable) : \$50

TOTAL: \$ _____

Payment Method:

- Check (payable to A World of Peace Summer Day Camp)
- Cash

I/We, the parent/guardian of the above named child, hereby give my/our approval for his/ her participation in activities during the session(s) registered for. I/We do further hereby release, absolve, indemnify and hold harmless the organizers of the activity, sponsors, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to the doctor/hospital in case of emergency. I/We also hereby agree to make full payment for the session(s) I have registered for by two weeks before the start of the session(s), and understand that payment is not refundable.

SIGNATURE OF PARENT/GUARDIAN

DATE

