

Kids LA

CAMP EXPLORATION

Travel Day Camp Application



For Summer and Winter Programs

Child's Name _____ Birth Date _____

Child's E-Mail Address _____ Sex _____

Address _____

City _____ ZIP _____ ☎ _____

School _____ Current Grade _____

Mother / Primary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Father / Secondary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

How often might you use Extended Care (E.C.)? _____ regularly _____ occasionally _____ not at all

How early in the morning would you like E.C. available? _____

Until what time would you like E.C. available in the afternoon? _____

Please list all weeks for which you are registering at this time: _____

A non-refundable **\$60 Deposit** is required for each week.

Enclosed is check number _____ made out to *Mars Academy* for \$ _____.

I understand that the balance payment is required by June 1st for summer and December 1st for winter camps.

Signature

Date

Please complete, print, sign, and return this Camp Application by mail, with deposit check, to:

Mars Academy
Attn: Camp Exploration
PO Box 572572
Tarzana, CA 91357-2572