



# 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 **\$100 Deposit** is required for each week.

Enclosed is check number \_\_\_\_\_ made out to *Dr. Mars* for \$ \_\_\_\_\_.

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

[Deposit is non-refundable, unless camp is full when application is received.]

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Attention: Dr. Mars  
Kids Make A Difference  
385 Howard Blvd # 242  
Mount Arlington, NJ 07856