



THIS LAND IS YOUR LAND 2008

Summer Day Camp Registration Form

How did you hear about Sarah's Science? (Check all that apply)

- School (name) _____
 Newspaper/magazine (name) _____
 Internet (specify) _____
 Other (specify) _____

- Attended previously
 Company/Organization (name) _____
 Parent Group (name) _____
 Event (specify) _____
 Friend (name) _____

Camper Information

FIRST NAME _____ LAST NAME _____ BOY/GIRL _____

SCHOOL _____ GRADE IN FALL '08 _____ AGE _____ BIRTH DATE: MONTH / DATE / YEAR _____

PLEASE GROUP MY CHILD WITH _____

Parent/Guardian Information

PARENT'S NAME(S) _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

Camp Information

Hours: 9:00 am – 3:00 pm; Extended Care available 8:00 am – 9:00 am and 3:00 pm – 5:30 pm

Cost

\$285 per week **Early Registration Rate** if postmarked by April 1, 2008
 \$295 per week if registration postmarked after April 1, 2008
 \$315 per week “walk-in” registration; no discounts apply
Extended Care: \$20 per week 8:00 am – 9:00 am; \$60 per week 3:00 pm – 5:30 pm
Multiple week discount: Register for four or more weeks and deduct \$15 per week
Sibling discount: Deduct \$15 per week for second child (cannot be combined with multiple week discount)

PAYMENT POLICY

Full payment is due on or before 6/1/08. There is a \$10 surcharge for payments received after 6/1/08. NO REFUNDS after 6/1/08.

Camp Sessions (check all that apply)

CAMP SESSION	EXTENDED CARE	CAMP SESSION	EXTENDED CARE
<input type="checkbox"/> June 16	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> July 28	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> June 23	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> August 4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> June 30*	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> August 11	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> July 7	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> August 18	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> July 14	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> August 25	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> July 21	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> CIT PROGRAM	

*We will be closed Friday, July 4. Deduct \$50 from full payment if registering for week of June 30.

Location (check one) Oakland Berkeley

To Register

 (choose one)

- Reserve space. Mail Registration Form with a NON-REFUNDABLE deposit of \$100 for each week and child.
 Pay in full. Fill out form below; mail Registration Form with payment in full.

Number of weeks:

_____ x \$_____ (weekly rate) = \$_____

_____ x \$20 extended am care + \$_____

_____ x \$60 extended pm care + \$_____

Choose one (if applicable):

_____ x \$15 multiple week discount (4 or more) - \$_____

_____ x \$15 second child sibling discount - \$_____

Week of June 30, deduct \$50 for July 4 holiday - \$_____

Total amount due \$_____

PAYMENT METHOD

Check; enclosed is my payment of \$_____

Charge \$_____ to my credit card Visa M/C AMEX

CREDIT CARD # _____ EXP. DATE _____

SIGNATURE _____ CVV (3- OR 4-DIGIT SECURITY CODE) _____

Mail Payment to: This Land is Your Land
 21525 Knoll Way, Castro Valley, CA 94546

Fax Payment to: (510) 581-6144

Register by phone with a credit card, call (510) 581-3739.