



X-Treme Summer Fun Registration Form

Camper Name: _____

Address: _____

Date of Birth: _____ Male/Female: _____ T-Shirt Size: _____

Are there any allergies we should be aware of? _____

Parent/Guardian Name: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Emergency Contact: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Please check each session(s) that your child will be attending.

		Dates:	X-Treme Theme	Days of the week attending
<input type="checkbox"/>	Session 1	June 10-June 14	Survivor Island	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 2	June 17- June 21	The Great Outdoors	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 3	June 24- June 28	X-Treme Destinations	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 4	July 1-July 5	Game Show Mania	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 5	July 8- July 12	The Science of Gross Things	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 6	July 15 – July 19	X-Tremely “Green”	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 7	July 22- July 26	X-Treme Inventions	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 8	July 29- August 2	Cooking Impossible	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 9	August 5-August 9	Urban Designer	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 10	August 12-August 16	Wet N’ Wild	<input type="checkbox"/> All <input type="checkbox"/> Other _____
<input type="checkbox"/>	Session 11	August 19- August 23	Race to the Finish	<input type="checkbox"/> All <input type="checkbox"/> Other _____

To register your child for our camp program, please return this completed form, along with the non-refundable registration fee of \$75.00 as well as a deposit of \$246/ \$50 per day/per session by May 27.

Please make checks payable to: “Bright Horizons Family Solutions.”

Bright Horizons at Mount Prospect
 1020 Hunt Club Dr.
 Mount Prospect, IL 60056
 (847) 956-6222
www.brighthorizons.com/mountprospect