## **REGISTRATION FORM**

Camper Name:		
Address:		
Date of Birth:		
Are there any allergies we should be aware	e 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	TOPIC
□ Session 1	June 1-5	Spirit Week
□ Session 2	June 8-12	Extreme Explorers
□ Session 3	June 15-19	The Art of Design
□ Session 4	June 22-26	Be a Super Scientist
□ Session 5	June 29-July 2 (Closed July 3 <sup>rd</sup> )	Build It!
□ Session 6	July 6-July 10	Hometown Tourist
□ Session 7	July 13-17	Farms, Food, and Me
□ Session 8	July 20-24	Showtime: Act it Out!
□ Session 9	July 27-31	Myths and Legend

To register your child for our camp program, please return this completed form, along with the non-refundable registration fee of \$100 as well as a deposit of \$281 for the first scheduled session by April 3, 2020. Please make checks payable to: "Bright Horizons Family Solutions."



Bright Horizons at Wildwood | 3175 Windy Hill Rd. Atlanta, GA 30339 | 770-933-0530 wild@brighthorizons.com | brighthorizons.com/wildwood