

# Saturday Club Registration 2009

Office Use

Child 1 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M  F

Child 1 Special Needs \_\_\_\_\_

Child 2 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M  F

Child 2 Special Needs \_\_\_\_\_

Parent(s) \_\_\_\_\_ Child # 1  2  needs one-on-one care

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell/Msg Phone \_\_\_\_\_

*I wish to register my child/children for the session(s) indicated:*

**Highland Community Ctr**  
14421 Bellevue-Redmond Rd  
Bellevue, WA

**Olympic View Kids' Club**  
At Olympic View Elementary School  
504 NE 95th St, Seattle, WA

**John Muir Kids' Corner**  
At John Muir Elementary School  
3301 S. Horton St, Seattle, WA

**Daytime Session: Time Varies**

 **July 25th 10-3**   
**Plan to get wet**

**Aug 22nd**   
**10-3**

**Daytime Session: 10 am-3 pm**

 **July 11th**   
**Swimming 10-4**

**August 8th**   
**Swimming**

**Evening Session: 4 pm-9 pm**

 **None**

**Daytime Session: 10 am-3 pm**

 **July 25th**   
**Plan to get wet**

**Aug 22nd**

P A Y M E N T	<b># of Sessions</b>	<b>Total</b>			
	<input type="checkbox"/> Child 1 @ \$35.00 x _____ = \$ _____			DDD Client <input type="checkbox"/>	
	<input type="checkbox"/> Child 2 @ \$17.50 x _____ = \$ _____			Caseworker Name _____	
	<b>TOTAL FEES</b>	<b>\$</b>		Caseworker Phone _____	
Check/Money Order Enclosed <input type="checkbox"/>			Caseworker Email _____		
Bill total to this VS/MC: ____/____/____/____ Exp: ____/20____			<b>Payment must be received in our office no later than 5 working days before the session your child will be attending.</b>		
Signature of Cardholder: _____					

**Your Authorization:** My child (or ward) has permission to participate in the activities for which he/she is hereby enrolled. In the event that my child (or ward) is photographed, filmed or recorded while at Saturday Club, Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. I have read and understand the registration policies and all details on this form.

Parent/Guardian Signature \_\_\_\_\_ (required) Date \_\_\_\_\_

Mail fee and registration form to:

**Saturday Club**  
**Camp Fire USA**  
**4241 21st Ave W, Ste 200**  
**Seattle, WA 98199-1250**



Please refer to the information packet for complete registration policies and information.