

# Saturday Club Registration 2010 - Kitsap

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 this child for the session(s) indicated:

**Sheridan Parks and Rec Center**  
680 Lebo Blvd  
Bremerton WA

**Kids Discovery Museum**  
305 Madison Ave. N. Suite C  
Bainbridge Island WA

**Daytime Session: 10 am-3 pm**  
 Feb. 13th   
March 13th

**Evening Session: 4 pm -9 pm**  
 Feb 20th   
March 20th

P A Y M E N T	<input type="checkbox"/> Child 1 @ \$35 ** X _____ = \$ _____	<input type="checkbox"/> Check/Money Order <input type="checkbox"/>
	<input type="checkbox"/> Child 2 @ \$17.50 X _____ = \$ _____	<input type="checkbox"/> Credit Card on File <input type="checkbox"/>
	<input type="checkbox"/> \$20 Annual Fee _____ = \$ _____	<input type="checkbox"/> DDD Client <input type="checkbox"/>
	<b>TOTAL FEES</b> \$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Paid on sibling's form <input type="checkbox"/>
	Case Manager: _____	Phone/email: _____

Bill total to this VS/MC: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp: \_\_\_\_/20\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Payment must be received in our office no later than 5 working days before the Saturday Club your child will be attending.**

\*\* If you would like to apply for financial aid please contact the the Camp Fire USA office at 206 461 8550 or 1 800 451 CAMP, and ask for Saturday Club registration.

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

Mail fee and registration form to: **Saturday Club  
Camp Fire USA  
4241 - 21st Ave W, Suite 200  
Seattle, WA 98199-1250**



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



Camp Fire Programs are available to all people without regard to race, gender, creed, religion, national origin, sexual orientation, economic status, or mental or physical disabilities. If you use a TDD/TTY, you can call us through the Washington Relay Service at 800 833 6388. TeleBraille users, call 800 833 6385.

