

Registration Form *UNE Employees/Students ONLY*

(*Please Note: You <u>must</u> be a UNE benefits-eligible employee or student to receive the discount rate.)* Please fill out completely and legibly. One registration form must be completed for <u>EACH</u> camper.

Return with payment to:

KidFIT Camp, BodyWISE Office University of New England- Campus Center 11 Hills Beach Rd, Biddeford, ME 04005

	M/F					
Camper's Name	Gender	Age/Date of Bi	rth Parent/Guardian's Name(s)		Name(s)	
Mailing address	City		State Zip Code		———ode	
Daytime Phone # a	and Cell Phone # En	nail Address	Employee/Stude	ent PRN (red	 quired)	
Youth T-shirt size (plea	ase circle one): S M L XL	OR Ad	ult T-shirt size (pleas	se circle one	e): S M L XL	
Please check ALL week	s and pre/post-care that your	child will be att	ending:			
	Dates	Cost	Pre/Pos	Pre/Post Care		
☐ 6 Week Package	July 6-August 14	\$930	☐ Pre-ca	☐ Pre-care ☐ Post-Care*		
	July 6-10	\$160	□ Pre-ca	☐ Pre-care ☐ Post-Care*		
	July 13-17	\$160	□ Pre-c	□ Pre-care □ Post-Care*		
	July 20-24	\$160	☐ Pre-ca	□ Pre-care □ Post-Care*		
	July 27-July 31	\$160	☐ Pre-ca	☐ Pre-care ☐ Post-Care*		
	August 3-7	\$160	☐ Pre-ca	Pre-care 🗆 Post-Care*		
	August 10-14	\$170	☐ Pre-ca	☐ Pre-care ☐ Post-Care*		
*Pre-Care = \$25/week	/child; Post-Care = \$25/week	/child; Pre & Pos	t – Care = \$40/week,	/child		
We accept cash, credit	cards (Visa, MasterCard, and	Discover) and c	necks. Please make o	checks paya	ble to UNE.	
Name		Credit Card Information (For Staff Call- Card #			CVV code	
Payment is expe	cted <u>in full</u> at time of registra		adline for registratio	on is Friday,	June 12, 2015.	
We'd love to knowh	ow did you hear about KidFIT	Camp? Check a	ll that apply.			
	ourier OR Kennebunk Post	•				

☐ Parent & Family Camp Guide