



SUMMER CAMPS ENROLLMENT FORM 2022

student name _____ grade level this fall _____

student address _____

parent/guardian names _____

address (if different from enrolled student) _____

_____ preferred phone _____

e-mail address _____ student birthdate _____

How did you hear about our Summer Camps? _____

_____ parent/guardian signature

_____ date

Attach your check to this form and send to:

Susan Richardson – Summer Camps
Countryside School
4301 W. Kirby Ave.
Champaign, IL 61822

Make checks payable to *Countryside School*.
No cash, please.

- June 6 – 10** camp name: _____ \$200 \$ _____
- June 13 – 17** camp name: _____ \$200 \$ _____
- June 21 – 24** camp name: _____ \$160 \$ _____
- July 11 – 15** camp name: _____ \$200 \$ _____
- July 25 – August 5** camp name: Put on a Musical! \$300 \$ _____

Add-ons:

- Early Bird drop off (7:45 – 9:00 a.m.) for **week of June 6** \$25 \$ _____
- Early Bird drop off (7:45 – 9:00 a.m.) for **week of June 13** \$25 \$ _____

Total Tuition \$ _____

Office Use Only

- Form
- Tuition
- Emergency/Field Trip/Photo

Upon receipt of this enrollment form and your check, you will receive a confirmation email which will include the emergency and photo permissions forms.