

Camp Dates: July 2, 3, July 7 – 11, July 14 – 18, July 21 - 25

Name(s) _____

Grade(s) in Fall 2008 _____

Birthdate(s) _____

Address _____

Home Tel _____

E-mail _____

Parent/Guardian Name _____

Cell or Work Tel _____

Parent/Guardian Name _____

Cell or Work Tel _____

Fees paid in full by: April 20 June 1
3 weeks \$750 \$800

A one-week deposit is required with this form. Full tuition is due by June 1st. For cancellations before June 1st, refund of half deposit; after June 1st, no refund. Upon receipt of registration form and deposit, more detailed information will be sent along with insurance and release forms.

Please note: Children and youth with special needs are welcome at camp after consultation between parents and staff to ensure that all needs can be met within the staff ratios that Al-Bustan Camp provides. Parents should discuss any particular needs of their child with staff at the time of registration. If attempts at accommodation fail, Al-Bustan Camp reserves the right to cancel any camper's enrollment or dismiss a camper whose medical condition, conduct, influence, or behavior is deemed unsatisfactory to the best interests of the camp, and no refund will be made.

Please make checks payable to: **AL-BUSTAN SEEDS OF CULTURE**
Mail to: 526 S. 46th Street Philadelphia, PA 19143

Amount Enclosed _____

Parent's Signature _____

Date _____