



Application Form

Summer Camp 2010: Please check the weeks your child will attend

- Week 1, **July 5th – 9th Land of Fairytales**
- Week 2, **July 12th – 16th : Back to the Farm**
- Week 3, **July 19th – 23rd: Italian Yoga**
- Week 4, **August 2nd – 6th: Pizza workshop**
- Week 5, **August 9th – 13th: Pasta workshop**
- Week 6, **August 16th – 20th: Beaches & Sunshine**

CHILD'S NAME: _____

Birth date: _____ Gender: M F

MOTHER'S: _____

Home address: _____

Phone (H) _____ Business Phone (W) _____

FATHER'S: _____

Home address: _____

Phone (H) _____ Business Phone (W) _____

Is there anything else you would like us to know about your child?

What would you like your child to get out of this experience?
