

REGISTRATION FORM:
Return to:
Kathy Corrigan's School of Gymnastics
406 V.F.W. Drive
Rockland, MA 02370

Camper Name: _____ Age: _____ New Camper: () Yes () No

If returning from the 2018 Summer Camp season, how many FULL WEEKS did your child attend? _____

Mailing Address _____

Parent/ Guardian Name(s) _____ Email _____

Cell Phone # _____ Business Phone # _____

Person Responsible for Payment _____ Relationship to Camper _____

Address & Tel. # _____

FEBRUARY CAMP 2019

		SPORTS CAMP	GYM CAMP
Tuesday	Feb. 19	()	()
Wednesday	Feb. 20	()	()
Thursday	Feb. 21	()	()
Friday	Feb. 22	()	()

APRIL CAMP 2019

		SPORTS CAMP	GYM CAMP
Tuesday	April 16	()	()
Wednesday	April 17	()	()
Thursday	April 18	()	()
Friday	April 19	()	()

EXTENDED DAY CARE

Please write in arrival & departure times below:

Tues.	A.M. _____	P.M. _____
Weds.	A.M. _____	P.M. _____
Thurs.	A.M. _____	P.M. _____
Fri.	A.M. _____	P.M. _____

FAMILY DISCOUNT 10% OFF TOTAL TUITION FOR 2 OR MORE IN FAMILY ATTENDING THE SAME DAYS. All applications, medicals, camp forms and tuition are due 2 weeks prior to the camp program. Campers from the 2018 camp season who have their forms and current medical on file with us will only need a parent to make any necessary changes to the forms and to initial and date each form.