

Registration Form for All Star Kids Camp 2025

Weekly rate includes lunch and snack daily.

Session #	Dates	Kids	Price per child: Members-\$300 Nonmembers -\$365	Before Care: 7:30-9am \$60 (please check)	After Care: 3-6pm \$85 (please check)	Sub Total
1	May 27 – May 30*					
2	June 2 - 6					
3	June 9 - 13					
4	June 16 - 20					
5	June 23 – 27					
6	June 30 – July 3* <small>(No camp on July 4)</small>					
7	July 7 - 11					
8	July 14 - 18					
9	July 21 - 25					
10	July 28 – August 1					
11	August 4 - 8					
10% discount for enrollment of second (sibling) child.					Total	
*4-day weeks will be pro-rated.						

Name — 1st Child _____ Date of Birth _____ T-shirt Size: *(please circle)* _____ Child: S M L Adult: S M L

Name - 2nd Child _____ Date of Birth _____ T-shirt Size: *(please circle)* _____ Child: S M L Adult: S M L

Street Address _____ City _____ Zip Code _____

Email Address _____ Phone Number _____

Method of Payment: Check (enclosed) _____ Charge to member account #: _____

Credit Card Number: _____ Exp. Date: _____

I authorize the Chesterfield Athletic Club to charge my credit card (if applicable). A 10% non-refundable fee per child is due at sign-up and will be deducted from your total Kids Camp. No refunds will be given for no-shows.

Parent/guardian name (please print) _____

Signature of parent/guardian Date _____