



CARING FOR FAMILIES  
SINCE 1942

# Boyer Children's Clinic

## 3 to 5 Preschool Summer Camp Registration Form

(Billing # \_\_\_\_\_ for office use)

Child's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

\_\_\_\_\_  
Nickname \_\_\_\_\_ Gender   M/F   Birthdate   /  /   Ethnicity \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address / City / State / Zip \_\_\_\_\_

\_\_\_\_\_  
Primary Contact # \_\_\_\_\_ (Home/Cell) Primary Email \_\_\_\_\_

\_\_\_\_\_  
Primary Language \_\_\_\_\_ School District \_\_\_\_\_

Please indicate the program week (s) your child will attend:

- \_\_\_\_ July 8 to July 11, 2019- \$200.00
- \_\_\_\_ July 15 to July 18, 2019- \$200.00
- \_\_\_\_ July 22 to July 25, 2019- \$200.00
- \_\_\_\_ July 29 to August 1, 2019- \$200.00
- \_\_\_\_ August 5 to August 8, 2019- \$200.00

Immunizations are up to date:  yes  no. If no, Boyer policy precludes your child from attending a group service at the agency.

Please complete and submit the above registration form if you are interested in having your child attend the summer camp program for 3 to 5 year olds. **We will take registrations until all weeks are full.** Scholarship funding will be awarded first to families that meet the April 15<sup>th</sup> deadline.

Please enclose a nonrefundable deposit of \$50.00 to Boyer Children's Clinic. Once the form and deposit are received, confirmation and a complete summer packet will be mailed to you.

A sliding scale tuition is available to families using IFS Waiver funding, please note that here. \_\_\_\_\_

I am aware of the limited availability of scholarships; please send me the scholarship application form  yes  no

*Please return this registration form to [denise.swanson@boyercc.org](mailto:denise.swanson@boyercc.org) or mail to:*

Boyer Children's Clinic  
c/o Denise Swanson, Education Coordinator  
1850 Boyer Ave E. | Seattle, WA 98112