

2018 Summer Camp Sibling Discount Form - \$15 discount per week for second or third child

Form MUST be submitted prior to week of camp attending.

Parent/Guardian's Name: _____ Second Parent/Guardian's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Please fill in all the items below:

(You may not use BOTH the Sibling Discount and Financial Assistance for the same week of camp)

First Camper's Name: _____ Last four of SS: _____ DOB: _____

Second Camper's Name: _____ Last four of SS: _____ DOB: _____

Third Camper's Name: _____ Last four of SS: _____ DOB: _____

Please check below the week(s) that sibling children will attend camp together:

(Campers must be attending the same week(s) of camp to receive discount):

- Week 1 6/11 - 6/15 Week 2 6/18 - 6/22 Week 3 6/25 - 6/29 Week 4 7/2 - 7/6 Week 5 7/9 - 7/13 Week 6 7/16 - 7/20 Week 7 7/23 - 7/27 Week 8 7/30 - 8/3
- Week 9 8/6 - 8/10

Please list any special circumstances regarding your sibling discount application:

(You may attach additional pages if necessary)

I certify that the above listed children are siblings and reside in the same household in New Castle County.

Parent Signature: _____ Date: _____

For Office use only:

ID Camper 1 _____	Received by: _____
ID Camper 2 _____	Entered by: _____
ID Camper 3 _____	