

2017 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
6/12 - 6/16
- Week 2
6/19 - 6/23
- Week 3
6/26 - 6/30
- Week 4
7/3 - 7/7
- Week 5
7/10 - 7/14
- Week 6
7/17 - 7/21
- Week 7
7/24 - 7/28
- Week 8
7/31 - 8/4
- Week 9
8/7 - 8/11

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 _____