

# 2019 Summer Camp Sibling Discount Form - \$15 discount per week for second or third child

**Form MUST be submitted prior to payment. Discount can only be applied during registration.**

---

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     Week 2     Week 3     Week 4     Week 5     Week 6     Week 7  
6/10 - 6/14    6/17 - 6/21    6/24 - 6/28    7/1 - 7/5    7/8 - 7/12    7/15 - 7/19    7/22 - 7/26
- Week 8     Week 9    Week 10    Week 11  
7/29 - 8/2    8/5 - 8/9    8/12 - 8/16    8/19 - 8/23

**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 _____	