



Summer Camp Registration

Name of Participant _____ Age _____

Please indicate which Sessions your camper would like to attend by placing an X by each session selected and then indicating which days your camper would like to attend in that particular Session. (Only "FULL SESSIONS" can be selected. Campers must attend the same days each week in a Session. Days can be changed in other selected Sessions.)

- Session 1 June 6 - June 30, 2016 (Tuition: \$30 Per Day)**
 Monday **Tuesday** **Wednesday** **Thursday**
- Session 2 July 5 - July 29, 2016 (Tuition: \$30 Per Day)**
 Monday **Tuesday** **Wednesday** **Thursday**
- Session 3 August 1-August 18, 2016 (Tuition: \$30 Per Day)**
 Monday **Tuesday** **Wednesday** **Thursday**

Summer Camp Location – Cornerstone Evangelical Presbyterian Church, 1351 S. Mason Road, Katy, TX 77450. Hours are 8:00 am – 3:00 pm

Please mail the completed form to:
The Arc of Katy, ATTN: Summer Camp, PO Box 6133, Katy, TX 77491 OR Return to Camp.

You will receive a confirmation notice and further instructions once your form is received.
If you have questions, please contact The Arc of Katy at 832-754-9802.