



City of
Golden
PARKS AND RECREATION

Golden Community Center
2012 Golden Sun Preschool Camp
(Child must be 3-5 years old while attending.)

Child's Name _____ Birth Date _____

Parent's Name _____

Street Address _____ City _____ Zip _____

Home# _____ E-mail _____

Mother	Father
Cell Phone _____	Cell Phone _____

Work Phone _____ Work Phone _____

Camp options:

M, W, F	8:30-11:30	\$45 Residents	\$50 Non-Residents
TU / TH	8:30-11:30	\$30 Residents	\$35 Non-Residents
M – F	8:30-11:30	\$75 Residents	\$85 Non-Residents

Session #'s:	Fill in M,W,F or T/T or M-F:	Fee:
(1) Jun 4 - Jun 8	_____	_____
(2) Jun 11 - Jun 15	_____	_____
(3) Jun 18 - Jun 22	_____	_____
(4) Jun 25 – Jun 29	_____	_____
<i>No program Jul 2 – Jul 6</i>		
(5) Jul 9 - Jul 13	_____	_____
(6) Jul 16 - Jul 20	_____	_____
(7) Jul 23 - Jul 27	_____	_____
(8) Jul 30 – Aug 3	_____	_____

Full payment due at registration time. **Total Due:** _____

See reverse side for payment selection.

I understand that all fees are due at registration time and are non-refundable. I also understand that the Preschool Emergency Packet, including the Health Statement page signed by my child's pediatrician, and immunization record must be submitted prior to the lottery on April 23rd. Packets may be faxed to 303-384-8104, attn: Tracy.

Parent's Signature _____ Date _____

*No refund for no shows, sick days or cancellations.
No fees will be charged if your child does not get into the program.*

Please drop off this registration form at guest services.

PAYMENT INFORMATION:

Questions? Call Tracy at 303-384-8124 or email thagelund@cityofgolden.net

Check# _____ Cash Received \$ _____

Print Card Holder's Name _____

Card Holder's Signature _____

If you prefer not to write in your credit card number, please call the number above, but please do not leave your credit card number on voice mail. Please do not fax or scan/email this form.

Credit Card Type: MC Visa Discover Amex

Expiration Date: _____

Credit Card# _____