



21 Ιουνίου - 25 Ιουνίου, 2010

Enrollment Form

Camper's Name (1) : _____ Birth date : _____

Camper's Name (2) : _____ Birth date : _____

Camper's Name (2) : _____ Birth date : _____

Address : _____

City : _____ State : _____ Zip : _____

Mother's Name : _____

Phone : Home _____ Work _____ Cell _____

Father's Name : _____

Phone : Home _____ Work _____ Cell _____

Cost \$295 per camper, \$275 for each additional sibling.

A non-refundable \$125 per camper is due along with this application.

Full balance, including any optional extended care costs, is due by Friday, June 4th.

Please indicate if you think you will want optional extended care (this is not a commitment from you at this time but it will help us plan for this care):

8:00 am - 9:00 am (\$25 per camper for the week) Yes No (please circle one)

3:00 pm - 5:30 pm (\$50 per camper for the week) Yes No (please circle one)

For any questions please call:

Theodora Kounalakis : (650) 594-9585 , email : tkounalakis@yahoo.com

Summer Camp information is also posted on our web site: www.belmontgreekschool.com

ENROLL TODAY. SPACE IS LIMITED.

Please complete this form attach your check and mail to :

Theodora Kounalakis
3198 La Mesa Drive
San Carlos, CA 94070

