

SUN SPASH SUMMER CAMP
Harrington Community School
359 Broadway - Cambridge, MA 02139
2018 SUMMER REGISTRATION FORM

Child's Name First: _____ Last: _____
Current School _____ Current Grade _____ Male _____ Female _____
Home Address _____ Zip Code _____ Date of Birth _____
Childs Ethnicity (Please Circle) Black White Latino/Hispanic Haitian Asian Other
Does child have any allergies or health concerns? _____
Does child have an IEP (Individual Education Plan) Yes _____ No _____

Parent / Guardian 1 Name _____ Email _____
Home Phone _____ Cell Phone _____
Address _____ City _____ Zip _____
Place of Employment _____ Work Phone _____

Parent / Guardian 2 Name _____ Email _____
Home Phone _____ Cell Phone _____
Address _____ City _____ Zip _____
Place of Employment _____ Work Phone _____

I would like to register for the following sessions:

Session 1: July 2 – July 13	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) _____	
Session 2: July 16 – July 27	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) _____	(No Camp July 4)
Session 3: July 30 – August 10	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) _____	
Session 4: August 13 – August 17	8:00 – 3:30 (\$225) _____	8:00 – 5:30 (\$265) _____	(One week session)

OFFICE USE ONLY

Session 1 Amount Owed \$ _____ **Session 3** Amount Owed \$ _____
Session 2 Amount Owed \$ _____ **Session 4** Amount Owed \$ _____
Registration Fee: **\$25**
Total Tuition: _____ Deposit Paid: (\$50 per session) _____
Scholarship _____ CCCB Voucher _____
Balance Due: \$ _____