



**AL-BUSTAN CAMP 2011**  
REGISTRATION FORM

Name(s) .....

Grade(s) in Fall 2011 .....

Birthdate(s) .....

Special Needs .....

Address .....

Home Tel .....

E-mail .....

Parent/ Guardian Name .....

Cell or Work Tel .....

Parent/ Guardian Name .....

Cell or Work Tel .....

Weeks:  July 11 - 15  July 18 - 22  July 25 - 29 (Check all that apply)

**A one-week deposit is required with this form. For the reduced rate, please provide the full tuition for the number of weeks attending by May 1st. Otherwise, full payment is due by June 1<sup>st</sup>.** For cancellations before June 1st, refund of half deposit; after June 1st, no refund. Upon receipt of registration and deposit, more detailed information will be sent along with insurance and release forms.

**Please Note:** In order to provide a safe and welcoming environment for all campers with our available resources and staff ratios, please provide information on your child's special health or behavioral needs at the time of registration.

**Make checks payable to:** Al-Bustan Seeds of Culture

**Mail to:** 526 S. 46th Street, Philadelphia, PA 19143

Amount enclosed .....

Parent's signature ..... Date .....