



# Winter Camp 2017-18

1901 Preston Park Blvd, Plano, TX 75093  
(972) 491-1916 – Fax (972) 596-8621  
Email to: [accounting@infinitebounds.co](mailto:accounting@infinitebounds.co)

To guarantee your child a spot, please complete this form and return it to Infinite Bounds along with your payment. **(Print clearly)**

Name of Child: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother: Cell # \_\_\_\_\_ Father: Cell # \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Email Address (Will be used for IB communications only. Will not sell or give out) \_\_\_\_\_

Medical Conditions, Handicaps or Allergies: \_\_\_\_\_

**Regular Camp Hours: 9:00am – 2:00pm**  
**\$40.00 per day**

Early Drop Off: 8:00am (\$5 per day)

Extended Hours: 2:00pm - 5:00pm (\$15 per day)

**Week 1**

Thursday 12/21     Early Drop Off     Stay-N-Play  
 Friday 12/22     Early Drop Off     Stay-N-Play

**Week 3**

Tuesday 1/2     Early Drop Off     Stay-N-Play  
 Wednesday 1/3     Early Drop Off     Stay-N-Play

**Week 2**

Wed 12/27     Early Drop Off     Stay-N-Play  
 Thursday 12/28     Early Drop Off     Stay-N-Play  
 Friday 12/29     Early Drop Off     Stay-N-Play

I understand that the credit card authorization is valid until a **written** notification to stop the automatic charge is received in this office. Also, I have read **Infinite Bounds' Rules & Policies** and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Infinite Bounds has my authorization to charge camp fees to the credit or debit card listed below. I understand no refunds will be given.

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card (Please Print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**For Office Use Only:**

Date: \_\_\_\_\_ Reg By: \_\_\_\_\_

Amount: \_\_\_\_\_ F.O.P: \_\_\_\_\_

**Notes:**