

2019

# Spring Break Camp



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's 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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Monday 3/11    | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Tuesday 3/12   | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Wednesday 3/13 | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Thursday 3/14  | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Friday 3/15    | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |

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: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  Q  R

Notes: