



Winter Camp 2019-2020

1901 Preston Park Blvd, Plano, TX 75093
(972) 491-1916
Email to: office@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 12/26 Early Drop Off Stay-N-Play
 Friday 12/27 Early Drop Off Stay-N-Play

Week 2

Monday 12/30 Early Drop Off Stay-N-Play
 Tuesday 12/31 Early Drop Off Stay-N-Play
 Thursday 1/2 Early Drop Off Stay-N-Play
 Friday 1/3 Early Drop Off Stay-N-Play

Week 3

Monday 1/6 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: _____ CVV# _____

Name on card (Please Print): _____ Authorizing Signature: _____

For Office Use Only:

Date: _____ Reg By: _____

Amount: _____ F.O.P: _____

Notes: