

1901 Preston Park Blvd, Plano, TX 75093

(972) 491-1916

Email to: office@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"/> Friday 3/13 | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Monday 3/16 | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Tuesday 3/17 | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Wednesday 3/18 | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Thursday 3/19 | <input type="checkbox"/> Check for Stay-N-Play | <input type="checkbox"/> Early Drop Off |
| <input type="checkbox"/> Friday 3/20 | <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: