

Full S.T.E.A.M. Ahead Day
2019 Registration



Camp

Camper's Full Name: _____

Date of Birth: _____ Age as of July 1, 2019: _____ Male: ___ Female: ___

School: _____ Grade as of 09/01/19: _____

Parents/Guardian Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Telephone #: _____

Parent Email Address: _____

How did you hear about us? _____

Emergency Contact Name: _____ Cell Phone #: _____

List anyone, other than yourself, who might be picking up or dropping off your child.

Camp fees include snack and beverage. You must be registered by May 31 to guarantee fees listed.

By signing below all applicants and attendees agree to abide by the rules and regulations of Hilltop's Full S.T.E.A.M. Ahead Camp, and or its assignee and is understood that there are no refunds due to withdrawals or emergency closings. I also give my permission for photographs and videos of my child to be used in promotional materials.

Programs are subject to change. Programs require a minimum of four students to be enrolled. Parents will be notified one week prior to the start of the program of cancellations. The program is not responsible for lost or damaged property.

Parent/Guardian Signature: _____ Date: _____

**Full S.T.E.A.M. Ahead
10 Weeks (June 10 - August 16)
9 a.m. – 3 p.m.**

Week 1 (June 10 –June 14) **Week 2** (June 17 –June 21) **Week 3** (June 24 –June 28) **Week4** (July 1 – July 5) *No Camp on July 4* **Week 5** (July 8 – July 12) **Week 6** (July 15 – July 19) **Week 7** (July 22 – July 26) **Week 8** (July 29 – August 2) **Week 9** (August 5 – August 9) **Week 10** (August 12 -August 16)

Sessions	Full \$325	Half \$175	Week's Theme
Week 1			STEM Challenges
Week 2			Team Work
Week 3			Super Science Experiments
Week 4			Building Blocks and Math
Week 5			All Kinds of Bots
Week 6			Make Your Own Toys
Week 7			Bubble Testing
Week 8			Airplanes, Rockets & Flight
Week 9			Science and Art
Week 10			Design & Engineering Fairytales

Full Day: 9 a.m. – 3 p.m.

Half Day: 9 a.m. – 12:30 p.m.

Before Care: Add \$25 per week 8 a.m. – 9 a.m.

After Care: Add \$25 per week 3:00 p.m. – 4 p.m.

3 Forms of Payment (3% service charge applies with credit card payments)

1) Please make your check payable to Hilltop Country Day School and mail to 32 Lafayette Road, Sparta, NJ 07871. Phone: 973-729-5485.

2) Credit Card# _____ Expiration Date _____ Security Code _____

Print name exactly as it appears on the above card. _____

3) Hilltop Account

Please Note: Medical Information forms will be sent upon receipt of application. Completed forms are required before the start of camp.

If you have any questions please call Laura McGee at 973-729-5485 or lmcgee@hilltopcds.org