

WildQuest Camp Extended Care Registration

Camper's Name (First, Middle, Last) _____

Camp Session Week/Dates _____

Please indicate the days of the week you will need extended care:

	Monday	Tuesday	Wednesday	Thursday	Friday
February or April AM - 8:00-8:45 PM 3:15-5:30	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6
	<input type="checkbox"/> Afternoon -\$12	<input type="checkbox"/> Afternoon -\$12	<input type="checkbox"/> Afternoon -\$12	<input type="checkbox"/> Afternoon -\$12	<input type="checkbox"/> Afternoon -\$12
Summer AM - 8:00-8:45 PM - 4:15-5:30	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6	<input type="checkbox"/> Morning -\$6
	<input type="checkbox"/> Afternoon -\$10	<input type="checkbox"/> Afternoon -\$10	<input type="checkbox"/> Afternoon -\$10	<input type="checkbox"/> Afternoon -\$10	<input type="checkbox"/> Afternoon -\$10

BILLING INFORMATION

Payment Method: Credit Card—MC/Visa/Discover Cash Check # _____

Card Number: _____ Exp. Date: _____ CVV# _____

Signature of Cardholder: _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip _____

I authorize Prescott Farm to hold my credit card information and charge my card for the extended care fees that I accrue each week. The card will be charged on the Monday following the week of camp in which fees are accrued.

Prescott Farm
Environmental Education Center

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