



A World of Peace Summer Day Camp Registration

Mail registration form and payment to: 1434 Josephine St., Berkeley, CA 94703 (510) 517-6694

Camper Information:

Name: _____ Birthdate: _____ Age/Gender/Non-binary: _____

Grade in Fall '26 _____ School: _____ Prior camp experience? Yes _____ No _____ If yes, where: _____

Contact Parent Information 1: (Responsible for all forms, information and fees)

Name: _____ Hm phone: _____ Wk phone: _____

cell: _____ Address: _____ City/State/Zip: _____

email: _____

Contact Parent Information 2:

Name: _____ Hm phone: _____ Wk phone: _____

cell: _____ Address: _____ City/State/Zip: _____

email: _____

Emergency Contact Information:

Name: _____ Relationship: _____ phone: _____

CHECK BOX FOR SESSIONS AND CIRCLE FEES:

Session 1: June 15th – June 25th

- ☐ Entering TK = \$500./session
☐ Entering K – 9th = \$485./session

Session 2: June 29th – July 9th

- ☐ Entering TK = \$500./session
☐ Entering K – 9th = \$485./session

Session 3: July 13th - July 23rd

- ☐ Entering TK = \$500./session
☐ Entering K – 9th = \$485./session

Session 4: July 27th – Aug. 6th

- ☐ Entering TK = \$500./session
☐ Entering K – 9th = \$485./session

Need based scholarships available upon request.

Camp Fees:

Session 1 _____ + Session 2 _____ + Session 3 _____
+ Session 4 _____ = \$ _____

Discounts: (% of total camp fees, subtract from camp fees)

5% off - sibling discount - \$ _____

The discount applies to one family member, not each.

A World of Peace Summer Day Camp T-Shirts: (everyone needs one)

Circle the appropriate size and price:

Child: S	M	L	XL	\$18	\$ _____
Adult: S	M	L	XL	\$22	\$ _____

Registration Fee per Camper: (non-refundable): \$50

TOTAL: \$ _____

Payment Method:

- ☐ Check (payable to A World of Peace Summer Day Camp)
☐ Cash

I/We, the parent/guardian of the above named child, hereby give my/our approval for his/ her/their participation in activities during the session(s) registered for. I/We do further hereby release, absolve, indemnify and hold harmless the organizers of the activity, sponsors, and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child(ren) to the doctor/hospital in case of emergency. I/We also hereby agree to make full payment for the session(s) I have registered for by two weeks before the start of the session(s), and understand that payment is not refundable.

SIGNATURE OF PARENT/GUARDIAN

DATE