

Summer 2012
Application
GAB SERVICES OF GEORGIA, INC.

Name: _____ Age: _____
Address: _____ City: _____
Zip: _____ Email: _____ Phone: (H) _____
(C) _____
(W) _____

Parent/Guardian Name(s) _____

Do the camper have an IEP _____yes _____no, If so please provide a copy.

There is a \$30.00 fee for summer camp registration non- refundable.

The following are the sessions of camp for summer 2012; please check the session(s) that your child will be attending Camp.

Session 1 May 28 - June 1 _____ Session 5 June 25-June 29 _____

Session 2 June 4 - June 8 _____ Session 6 July 9-July 13 _____

Session 3 June 11- June 15 _____ Session 7 July 16 - July 20 _____

Session 4 June 18- June 22 _____ Session 8 July 23 - July 27 _____

_____ **Total cost** = _____

Please note: We will be CLOSED on JULY 2-6, 2012

The cost will be \$185.00 per week (Including All weekly Activities)

- The program will run from 7:00am-5:30pm.
- All persons must bring their own lunch and snack for that day.

Parent/Guardian's Signature: _____ Date: _____

THANK YOU FOR YOUR BUSINESS
"IT'S OK TO TAKE A BREAK"