

2010 PreSchool Camp at Cely's House

Registration Form

Please return with a **\$25 non-refundable deposit per child for each session** to hold applicant's place.
Check should be made out to Cely's House.

Name _____ Boy _____ Girl _____ Age _____

Parents
 Names _____

Address _____

E-Mail _____

Phone Numbers:
 Home _____ Work _____ Cell _____

Indicate the weeks and times you would like your child/children to attend.
 (Please note your second choice if the class you choose is full)

Week 1 June 7-10 **Morning (9:00 – 12:00)** **A Week at the Beach** (\$150) _____

Week 2 June 14-18 **Morning (9:00 - 12:00)** **A Visit to Europe** (\$150) _____

Week 3 August 2-6 **Morning (9:00 - 12:00)** **A Week at the Beach** (\$150) _____

Week 4 August 9-13 **Morning (9:00 - 12:00)** **A Visit to Europe** (\$150) _____

Lunch Bunch **12:00 – 1:00 Bring a Bag Lunch** (\$6 per day) _____

(\$25 for the full week) _____

Total Amount for Art Camp _____
 Minus Deposit sent in (\$25 each session) _____
Balance Due first day of camp _____

Date Received _____ Deposit _____ Confirmation Sent _____ Balance Paid _____

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