

FRIENDSHIP DISCOUNT: 5% off when you sign up with a friend



Registration for Enrollment at Roots and Wings School Summer Camp 2025

Child's Legal Name: _____
(First) (Last) (Nickname if Applicable)

Child's DOB: ____/____/____ Age: _____ Gender: _____

Child's Home Address: _____

Parent/Guardian: _____ Email: _____ Phone: _____ Address: _____ _____	Parent/Guardian: _____ Email: _____ Phone: _____ Address: _____ _____
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Camp Hours 9:00am - 3:00pm \$300/week

Extended Early Morning: 7:30am - 9:00am... .. \$15/day

Extended After Care: 3:00pm - 4:00pm... .. \$15/day

Both AM and PM Care: \$22/day

Please Indicate the services your child will need:

<u>Summer Camp Weeks:</u>	<u>Extended Care</u> <small>(circle all that apply):</small>
<u>Science Week</u> <input type="checkbox"/> Week 1: 6/23/25 - 6/27/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Baking Week</u> <input type="checkbox"/> Week 2: 7/7/25- 7/11/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Theatre Week</u> <small>(Must attend both weeks- Performance on 7/25/25)</small> <input type="checkbox"/> Week 3: 7/14/25 - 7/18/25 (9:00-3:00) <input type="checkbox"/> Week 4: 7/21/25- 7/25/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Olympics Week</u> <input type="checkbox"/> Week 5: 7/28/25- 8/1/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F
<u>Nature Art Week</u> <input type="checkbox"/> Week 6: 8/4/25- 8/8/25 (9:00-3:00)	<input type="checkbox"/> Before Care (7:30-9:00): M T W Th F <input type="checkbox"/> After Care (3:00-4:00): M T W Th F

****Registration Fee: \$60.00** (due with submission of camp registration form)

*Fee **MUST** be submitted with application to secure your child's spot or billed to Brightwheel. Checks can be made payable to Roots And Wings School and mailed to PO Box 540 New Boston NH 03070. **Fees are non refundable.***

X _____
 (Signature) _____ (Date)

February Friendship Discount: Sign up with a friend and receive 5% off tuition. A Discount will be applied to your account once all parties' attendance has been confirmed.

Friend Child's Name: _____

FOR OFFICE USE: Amount: _____ Date: _____ Check #: _____ or Brightwheel Discount: FEB5