

3Tour Avenue, New Haven, CT 06515 phone: 203-387-6660 website: www.wcnsplay2learn.org

WCNS Summer Camp Application 2024

Child's name	»:			
Address:				
Parent(s) Name:				
Email(s):				
I am interesto	ed in sending my chi	ld (2 yrs, 8 months - 6	5 yrs) Check all that a	pply.
Week 1	July 8 - 12	"Under the Sea"		
Week 2	July 15 - July 19	"Insects & Bugs"		
Week 3	July 22- July 26	"Science Experiments	"	
Week 4	July 29 - August 2	"Flight School"		
Week 5	August 5 - August 9	"Dinos & Volcanoes"		
 9am - 3pm D \$310/week 		(l (¢1205)		
	t for signing up for all 5 discount (both discounts			
_	· ·	• • • • • • • • • • • • • • • • • • • •	(refunded after camp), pe	er child.
Parent signature		Date		
OFFICE USE O	NLY: APP FEE	DEPOSIT	DATE RECEIVED	