

Child's Name: _____

Male or Female
please circle one

Office Use Only:
Book: _____
Comp: _____ JB _____

Summer 2019 Camp Program

Full Week/Full Day: \$185.00 Full Day: \$50.00
*Field Trip days \$57.00 when scheduled by the day
★Please circle weeks desired or circle days desired.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Week #1	6/24	6/25	6/26	6/27	6/28
Week #2	7/1	7/2	7/3	7/4-closed	7/5-closed
Full Week #3	7/8	7/9	7/10	7/11	7/12
Full Week #4	7/15	7/16	7/17	7/18	7/19
Full Week #5	7/22	7/23	7/24	7/25	7/26
Full Week #6	7/29	7/30	7/31	8/1	8/2
Full Week #7	8/5	8/6	8/7	8/8	8/9
Full Week #8	8/12	8/13	8/14	8/15	8/16
Full Week #9	8/19	8/20	8/21	8/22	8/23

Child's Name: _____ DOB _____ Age: _____
Child's Phone: _____
Child's Address: _____

PLEASE NOTE: Parents must provide 1 lunch & 2 snacks.
NO switching of days. NO refunds. NO EXCEPTIONS! _____ (Parent Initial)

****There is a late fee applied if you pick your child up after 5:30 pm. \$25 for the first 10 minutes and \$1 for every minute after that.** _____ (Parent initial)
Approx. drop off time: _____ Approx. pick up time: _____
★extended care must be scheduled ahead of time with the office★ _____ (Parent initial)

****FOOD/MEDICAL ALLERGIES:** _____

TALLY SHEET ON REVERSE

TALLY SHEET

_____ Full Weeks x \$185.00 = \$ + _____

_____ Week #2 x \$140.00 = \$ + _____

_____ Days x \$50.00 = \$ + _____

_____ Fieldtrip days x \$57.00 = \$+ _____

Tuition Total = \$ _____

Loyalty Discount = \$ - _____

Subtotal: = \$ _____

Registration Fee = \$+ _____

TOTAL DUE = \$ _____

\$ - _____ deposit

= \$ _____ BALANCE DUE

★★★ Your Child Must Be at least 6 years old by the first day of camp and must have successfully completed a full day kindergarten program.

****BALANCE MUST BE PAID IN FULL BEFORE YOUR CHILD'S FIRST DAY OF CAMP UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.★★★**