

2009 Summer Camp Registration



Take advantage of these 3 huge discounts:

- **NO registration fee** • **1 week free for attending all summer** •
- **5% discount on the entire program if registered by May 15** •

<p>Step 1 Select your program for each month and/or week</p>	<p>F/T = Full Time, anytime between 6:30am-6pm P/T = Part Time, 8:30am-3pm with a 15 minute grace period before and after M = Mornings, 8:30am-noon with a 15 minute grace period before and after A = Afternoons, 12:30pm-5pm</p>												
	Weekly	5 F/T	5 P/T	5 M	5 A	3 F/T	3 P/T	3 M	3 A	2 F/T	2 P/T	2 M	2 A
	Week 1 June 15-19												
	Week 2 June 22-26												
	Week 3 June 29-July 3												
	Week 4 July 6-10												
	Week 5 July 13-17												
	Week 6 July 20-24												
	Week 7 July 27-31												
	Week 8 Aug. 3-7												
	Week 9 Aug. 10-14												
	Weekly Amount	\$163	\$149	\$99	\$99	\$135	\$124	\$79	\$79	\$109	\$99	\$57	\$57
	For office use:												

Step 2
Select how you would like to be billed

Monthly, due on the 1st
 Semi-Monthly, due on the 1st and 15th
 I would like my grand total to be divided so that my July and August are billed in equal amounts

Step 3
Initial and sign

- The 3 day program is Monday/Wednesday/Friday and the 2 day program is on Tuesday/Thursday but a Schedule Waiver form can be submitted to change the days.
- It is more than likely we can accommodate drop in care but it is recommended to call in advance due to staffing and ratio requirements.
- Elementary children (7-9 years old) will be kept apart from the preschool children during school hours with the exception of all school events.

To enroll, please complete and return this form.

Student's Name: _____ Age: _____

Initial and Sign at the bottom to demonstrate understanding and acceptance:

_____ The Parent Handbook and School Policies also apply to Summer Camp. I understand my obligations stated within.
 _____ I understand that in the event I need to switch the programs around that I have selected, due to staffing requirements, the changes must be made in writing at least two weeks prior to and are subject to approval. Programs may be switched around but no credits or refunds will be given.
 _____ Drop in care is \$7/hour and will be pro-rated and billed for each month after the month ends.

Signature: _____ Date: _____