

2020 CAMPING FOR 2 – 6 YEAR OLDS

NAME _____

BIRTHDATE _____

AM options 9:00am – 1:00pm			
Days Per Week	SESSION	MEMBER RATE	NON-MEMBER RATE
5	8 wks	2770	3280
(check desired days)			
4	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	8 wks	2330
(check desired days)			
3	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	8 wks	1770

PM options 1:00pm – 3:00pm			
5	8wks	910	1030
(check desired days)			
4	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	8wks	770
(check desired days)			
3	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	8wks	560

Full Day Option 7:00 am – 6:00 pm			
5 days	8wks	4480	4665

PRE – REGISTRATION FOR EARLY ARRIVAL AND EXTENDED PM OPTIONS
 Please choose the days and time best suited to your needs. We will bill you accordingly. (\$13.00/hour x number of days and weeks enrolled.)
 When you fill this portion out – you are pre-registering for your child’s camping season. You will not have to sign up on a daily basis. (Daily basis is only used when you need to use extended hours occasionally.)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00-9:00 AM					
8:00-9:00 AM					
3:00-4:00 PM					
3:00-5:00 PM					
3:00-6:00 PM					

My child is enrolled in the 12 month ALL YEAR/FULL DAY program and will be attending camp
 (check days) (check weeks)
 M T W T H F 1 2 3 4 5 6 7 8
 Hours _____ to _____

If possible, please place my child with the following children _____
