



summer
camp

Child's Name _____ Birth Date _____ Boy Girl
 Address _____ City & Zip _____
 Parent's Name _____ Cell/Work Phone _____
 Parent's Name _____ Cell/Work Phone _____
 Email Address _____ Home Phone _____

- SESSION ONE: JUNE 8th-JULY 3rd**
- SESSION TWO: JULY 6th-JULY 31st**
- SESSION THREE: AUGUST 3rd-AUGUST 28th**
- OTHER WEEKS INTERESTED:** _____

FIRST YEAR'S PROGRAM Ages 2-3 • Students must be 2 years by first day of camp. Please be aware all First Year's camp starts with **transition schedule**. More information to come regarding the transition schedule.

Mornings	
9:00-11:45	
<input type="checkbox"/> T/TH	\$110/week
<input type="checkbox"/> MWF	\$165/week
<input type="checkbox"/> M-F	\$280/week

Morning + Lunch	
9:00-1:00	
<input type="checkbox"/> T/TH	\$150/week
<input type="checkbox"/> MWF	\$225/week
<input type="checkbox"/> M-F	\$380/week

Full Day	
7:30-6:00	
<input type="checkbox"/> T/TH	\$200/week
<input type="checkbox"/> MWF	\$290/week
<input type="checkbox"/> M-F	\$480/week

PRE-K PROGRAM Ages 3-5 • Students must be fully potty-trained/diaper free by the first day of Camp.

Mornings	
9:00-12:00	
<input type="checkbox"/> T/TH	\$105/week
<input type="checkbox"/> MWF	\$160/week
<input type="checkbox"/> M-F	\$250/week

Morning + Lunch	
9:00-1:30	
<input type="checkbox"/> T/TH	\$145/week
<input type="checkbox"/> MWF	\$220/week
<input type="checkbox"/> M-F	\$350/week

Full Day	
7:30-6:00	
<input type="checkbox"/> T/TH	\$190/week
<input type="checkbox"/> MWF	\$280/week
<input type="checkbox"/> M-F	\$450/week

- After registration, any schedule changes carry a \$25 service fee.
- Cancellation for Session One carries full responsibility of payment after **June 1**.
- Cancellation for Session Two carries full responsibility of payment after **July 1**.
- Cancellation for Session Three carries full responsibility of payment after **August 1**.
- Students involved in the Lunch Bunch program bring a sack lunch from home.
- Class times and days are subject to change and space is granted according to availability.

DATE OF APPLICATION _____

SIGNATURE OF PARENT OR GUARDIAN _____