

# SUMMER CAMP 2019

STUDENT NAME

DATE OF BIRTH

HOME ADDRESS

HOME PHONE

PARENT/GUARDIAN 1

NAME

WORK PHONE

EMAIL

CELL PHONE

PARENT/GUARDIAN 2

NAME

WORK PHONE

EMAIL

CELL PHONE

## PROGRAM INFORMATION

My child will attend:

- |  |              |                 |                |                |
|--|--------------|-----------------|----------------|----------------|
| <input type="checkbox"/> <b>TODDLER TIME SUMMER CAMP PROGRAM</b> | 2 - 3 Years  | 9:00AM - 3:00PM | 6/17 thru 8/23 | \$300 Per Week |
| <input type="checkbox"/> <b>YOUNG EXPLORERS CAMP</b>             | 3 - 6 Years  | 9:00AM - 3:00PM | 6/17 thru 8/23 | \$300 Per Week |
| <input type="checkbox"/> <b>SUMMER OF LEARNING AND FUN</b>       | 6 - 12 Years | 9:00AM - 3:00PM | 6/17 thru 8/23 | \$300 Per Week |

- |  |                 |                              |
|--|-----------------|------------------------------|
| <input type="checkbox"/> <b>EXTENDED MORNING HOURS</b>   | 7:00AM - 9:00AM | \$50 Per Week                |
| <input type="checkbox"/> <b>EXTENDED AFTERNOON HOURS</b> | 3:00PM - 6:00PM | \$60 Per Week                |
|  |                 | Both \$100      \$15 an hour |

**WEEKS OF ATTENDANCE:**       6/17    6/24    7/1    7/8    7/15    7/22    7/29    8/5    8/12    8/19

## PERMISSION

I agree to comply with all rules and regulations regarding fees, attendance, health and safety codes, clothing and additional items deemed necessary for the health and well being of my child. I also give my consent to Trevoose Day School's management and staff to make such decisions necessary for my child's well being in the event of emergency.

I agree to have Trevoose Day School bill me for my child's summer program and understand the first payment is due on or before June 1, 2019 and the final payment is due on or before July 1, 2019. A \$50 deposit is due with the application.

PARENT/GUARDIAN SIGNATURE

DATE