

SUMMER PROGRAM SELECTION FORM

Please complete the form below by placing an x in the box of each session (circle AM or PM where needed) you wish to have your child attend. If you have two or more children in the same age camp, indicate the sessions you would like for each, using the child's initials.

FAMILY NAME:	Child's Name			Gr	As of 6/11	As of 6/11							
	Jr Camp K-1 FT - \$35 Half - \$25 Extended \$15/day *Fri+\$5/wk For Theater	AM 8:30-12	PM 12-4pm	Full Day 8:30-4:00	Extended 4-5:30pm	AM 8:30-12	PM 12-4pm	Full Day 8:30-4:00	Extended 4-5:30pm	MON	TUES	WED	THURS
	Sr Camp Gr. 2-4 FT - \$35 Half-\$25 Extended \$15/day	AM 8:30-12	PM 12-4pm	Full Day 8:30-4:00	Extended 4-5:30pm	No Half Day Option	Full Day 8:30-4:00	Extended 4-5:30pm					

FOR OFFICE USE ONLY

REG FEE (\$25)		
Child's Name (list each)	CAMP	Amount Due
TOTAL PROGRAM FEES		

PROGRAM FEES	
OUTSTAND BALANCE	
TOTAL SUMMER FEES	

SCHOLARSHIP RECEIVED	
TOTAL LESS SCHOLARSHIP	
5% PAID IN FULL DISCOUNT	
50% PAYMENT DUE JUNE 6	
BALANCE DUE JULY 18	
ADDITIONAL FEES	

