**CHILDRENS NAMES:**

**ATTENDING SCHOOL:**

JUNE 2021 SUMMER CAMP

(school aged)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

|  |  |  |  |
| --- | --- | --- | --- |
| **WEEK OF: 5/31** | | | **MEMORIAL DAY JUNE 2 JUNE 3 JUNE 4 ALL PROGRAMS ALL PROGRAMS**  **CLOSED CLOSED**  **FULL:**  **FULL:**  **FULL:** |
| **CARE NEEDED:** |  |  |
| **WEEK OF: 6/7**  **CARE NEEDED:** | | | **JUNE 7 JUNE 8 JUNE 9 JUNE 10 JUNE 11** |
| **FULL:**  **FULL:**  **FULL:**  **FULL:**  **FULL:** |
| **WEEK OF: 6/14** | | | **JUNE 14 JUNE 15 JUNE 16 JUNE 17 JUNE 18** |
| **CARE NEEDED: FULL:**  **FULL:**  **FULL:**  **FULL:**  **FULL:** | | | |
| **WEEK OF: 6/21** | | | **JUNE 21 JUNE 22 JUNE 23 JUNE 24 JUNE 25** |
| **CARE NEEDED: FULL:**  **FULL:**  **FULL:**  **FULL:**  **FULL:** | | | |
| **STEPS FOR CARE CALCULATION:**   1. **Mark 1 next to days you will need care. Daily rate covers entire full day session 630a-600p and cannot be prorated. Optional swimming/field trips @ $15/child/trip paid separately.** 2. **Total the Number of Days signing up for. MINIMUM OF 3days/Wk REQUIRED Payment must accompany calendar to reserve spot.** 3. **Limited space available. Payment is due AT LEAST by the Wednesday prior to the upcoming week, but it is encouraged earlier in order to increase possibility of spot. Calendars are also required for CCAP families to reserve their space.** 4. **For Safety and tracking purposes, please let Director know if care needs change after calendar submittal.** | | | |
| **DUES CALCULATION: Number of full days:** **X** $ 40.00 ***/*day=** $  **\*\*Spots reserved on first paid/scheduled basis.** X Number of Children=  **\*\* No spot is guaranteed until paid/confirmed.**  **\*$10/day/child DROP-IN fee charged if not scheduled/paid in advance\* TOTAL DUE:** $ | | | |