CHILDRENS NAMES:

ATTENDING CAMP:

WEEK OF: 5/30

# RMP-SW

ALL PROGRAMS CLOSED

**JUNE 2023**

**SUMMER CAMP**

**(DPS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **MEMORIAL DAY** | **May 30** | **May 31** | **JUNE 1** | **JUNE 2** |

See DPS B/A calendar to sign up for care this week

WEEK OF: 6/5

JUNE 5 JUNE 6 JUNE 7

JUNE 8 JUNE 9

**STAFF TRAINING:**

**DPS CAMP CLOSED**

**FULL:**

**FULL:**

**FULL:**

**FULL:**

WEEK OF: 6/12

JUNE 12 JUNE 13

JUNE 14

JUNE 15 JUNE 16

FULL:

**FULL:**

**FULL:**

**FULL:**

**FULL:**

WEEK OF: 6/19

JUNE 19 JUNE 20 JUNE 21

JUNE 22 June 23

ALL PROGRAMS CLOSED

**FULL:**

**FULL:**

**FULL:**

**FULL:**

WEEK OF: 6/26

JUNE 26

JUNE 27

JUNE 28

JUNE 29

JUNE 30

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.**
2. **Total the Number of Days signing up for. MINIMUM OF 2 days/Wk REQUIRED**
	1. **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 IN HOUSE days:**  **X**$ 50.00 ***/*day=**

# $

**SUBTOTAL:**

# $

**Number of FT days:**

**X** $ 60.00

**=** $

X Number of Children=

\*\*Spots reserved on first paid/scheduled basis.

\*\* No spot is guaranteed until paid/confirmed.

**TOTAL DUE:**

# $

\*$10/day/child DROP-IN fee charged if not scheduled/paid in advance\*