CHILDRENS NAMES:

ATTENDING CAMP:

# MONDAY TUESDAY

AUGUST 2022 SUMMER CAMP (DPS)

# WEDNESDAY THURSDAY FRIDAY

|  |  |  |  |
| --- | --- | --- | --- |
| **WEEK OF: 8/1** | | | **AUG 1 AUG 2 AUG 3 AUG 4 AUG 5** |
| **FULL:**  **FULL:**  **FULL:**  **FULL:**  **FULL:** |
| **CARE NEEDED:** |  |  |
| **WEEK OF: 8/8** | | | **AUG 8 AUG 9 AUG 10 AUG 11 AUG 12** |
|  | | | **ALL CAMPS** |
| **CARE NEEDED:** | | | **FULL:**  **FULL:**  **FULL:**  **FULL:**  **CLOSED** |
| **WEEK OF: 8/15** | | | **AUG 15 AUG 16** |
| **DPS full day care TBD**  **ALL CAMPS**  **CLOSED** | | | |
| **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.** | | | |
| 1. **Total the Number of Days signing up for. MINIMUM OF 2 days/Wk REQUIRED Payment must accompany calendar to reserve spot.** 2. **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.** 3. **For Safety and tracking purposes, please let Director know if care needs change after calendar submittal.** | | | |
| **DUES CALCULATION: Number of IN HOUSE days:**  **X** $ 47.00 ***/*day=** $  **Number of FT days:**  **X** $ 57.00 **=** $  **SUBTOTAL:** $  X Number of Children=  **TOTAL DUE:** $ | | | |

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

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

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