**CHILDRENS NAMES:**

**ATTENDING SCHOOL:**

MONDAY TUESDAY

**JULY 2021 SUMMER CAMP** (DPS/ECE)

WEDNESDAY THURSDAY FRIDAY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WEEK OF: 6/28** | **JUNE 28** | **JUNE 29** | **JUNE 30** | **JULY 1** | **JULY 2** |
|  | **FULL:**  | **FULL:**  | **FULL:**  | **FULL:**  | **FULL:**  |
| **CARE NEEDED:** |  |  |
| **WEEK OF: 7*/*6** | **INDEPENDENCE** | **JULY 6** | **JULY 7** | **JULY 8** | **JULY 9** |
|  | **DAY ALL** |  |  |  |  |
|  | **PROGRAMS** |  |  |  |  |
| **CARE NEEDED:** | **CLOSED** | **FULL:**  | **FULL:**  | **FULL:** | **FULL:**  |
| **WEEK OF: 7/12** | **JULY 12** | **JULY 13** | **JULY 14** | **JULY 15** | **JULY 16** |
| **CARE NEEDED:** |  | **FULL:**  | **FULL:**  | **FULL:**  | **FULL:**  | **FULL:**  |
| **WEEK OF: 7/19** | **JULY 19** | **JULY 20** | **JULY 21** | **JULY 22** | **JULY 23** |
| **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** $ 45.00 ***/*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:** $  |