

PICK-UP INFO

Please Note: We can not release any child at the end of his/her day to anyone other than a parent unless we have a signed note from you giving us permission to send him/her home with that person. (This included grandparents etc. or riding a bike home alone.) If we do not have that person's name on record we will call you to gain authorization by phone. If you cannot be reached we will call the emergency contact number that you gave us upon registering to come pick up that child.

Child Name: _____

Class: _____

Parent Name: _____

Signature: _____

List authorized people below: (please print)

ICE CREAM SIGN UP

If parents elect for their child to have ice cream after their camp day, they can sign up below and the child will be placed on a list and will have their choice of the five types.

All the ice cream is Nut Free and there is also some non-dairy choice.

The cost is \$8/week. We will charge it to your cc if on file or you may pay with cash or a check in the office. We cannot take any money at the ice cream stand.

A child does NOT have to be in After Camp to be on the ice cream list. But we cannot give a child ice cream if you haven't given permission by signing up. We cannot call you for your permission during the time we are giving out ice cream. If you have forgotten to sign up, just call us. We ask that you try to help us make this work.

Child's Name: _____

Card # _____

Amount: _____

Exp Date: _____

Billing Zip code _____

We can only do a weekly sign up.

FOR THE WEEK OF _____ \$8

EXTENDED DAY SIGN UP

We must have this form each week. Cost is \$8 per hour (\$4/half hour). **Extended day begins at 7:30 am and ends at 5:30 pm.**

If you need to add hours or subtract hours you may do that in person in the office or by phone...NOT with the counselor in the Water Lab .

We will bill your credit card weekly (unless you want to pay by check in advance for the week). If you have made any changes, let us know in the office before Friday when we charge your card. We must have your card on record to sign your child into extended day. If you have already paid for extended hours, this will just verify the times and you will be billed or credited accordingly.

Child's Name: _____ Class: _____

Card # _____

Amount: _____

Exp Date: _____ Billing Zip code _____

FOR THE WEEK OF _____ *Check a box with the # of hours you want to extend each day.*

	MON	TUE	WED	THU	FRI
AM	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr
	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr
	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr
	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr

2 hr before care for 9:30 start only

	MON	TUE	WED	THU	FRI
PM	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr	<input type="checkbox"/> .5 hr
	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr	<input type="checkbox"/> 1 hr
	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr	<input type="checkbox"/> 1.5 hr
	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr	<input type="checkbox"/> 2 hr
	<input type="checkbox"/> 2.5 hr	<input type="checkbox"/> 2.5 hr	<input type="checkbox"/> 2.5 hr	<input type="checkbox"/> 2.5 hr	<input type="checkbox"/> 2.5 hr
<input type="checkbox"/> 3 hr	<input type="checkbox"/> 3 hr	<input type="checkbox"/> 3 hr	<input type="checkbox"/> 3 hr	<input type="checkbox"/> 3 hr	

3 hr aftercare for 2:30 end only.