



ATTENDING CAMP:

| | MONDAY | <u>TUESDAY</u> | WEDNESDAY | THURSDAY | <u>FRIDAY</u> |
|---------------|---------|----------------|-----------|---|---------------|
| | | | | | |
| | JULY 1 | JULY 2 | JULY 3 | JULY 4 | JULY 5 |
| WEEK OF:7/1 | FULL: | FULL: FULL: | | INDEPENDENCE DAY ALL PROGRAMS CLOSED | |
| WEEK OF: 7/8 | JULY 8 | JULY 9 | JULY 10 | JULY 11 | JULY 12 |
| | FULL: | FULL: | FULL: | FULL: | FULL: |
| WEEK OF: 7/15 | JULY 15 | JULY 16 | JULY 17 | JULY 18 | JULY 19 |
| | FULL: | FULL: | FULL: | FULL: | FULL: |
| WEEK OF: 7/22 | JULY 22 | JULY 23 | JULY 24 | JULY 25 | JULY 26 |
| | FULL: | FULL: | FULL: | FULL: | FULL: |

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

a. 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.

 For Safety and tracking purposes, please let Director know if care needs change after calendar submittal. NO Credits or refunds issued for unused care.

| DUES CALCULATION: | Number of IN HOUSE days: | X | /day= | SUBTOTAL: |
|-------------------|--------------------------|---|-------|-----------------------|
| ** | Number of FT days: | X | = | X Number of Children= |
| Oug | | | | TOTAL DUE: |
| | **Spots reserved on fir | | | |

** No spot is guaranteed until paid/confirmed.

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