CHILDRENS NAMES:

ATTENDING CAMP:

SLATER OR PATTERSON

**MONDAY TUESDAY**

**JULY 2023**

**SUMMER CAMP**

**(JEFFCO)**

**WEDNESDAY THURSDAY FRIDAY**

WEEK OF:7/3

JULY 3 JULY 4 JULY 5

INDEPENDENCE DAY

JULY 6 JULY 7

ALL PROGRAMS CLOSED

**FULL:**

**FULL:**

**FULL:**

WEEK OF: 7/10

JULY 10 JULY 11

JULY 12

JULY 13 JULY 14

FULL:

**FULL:**

**FULL:**

**FULL:**

**FULL:**

WEEK OF: 7/17

JULY 17 JULY 18 JULY 19

JULY 20 JULY 21

FULL:

**FULL:**

**FULL:**

**FULL:**

**FULL:**

WEEK OF: 7/24

JULY 24

JULY 25

JULY 26

JULY 27

JULY 28

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**$ 45.00 ***/*day=**

# $

**SUBTOTAL:**

# $

**Number of FT days:**

**X** $ 55.00

**=** $

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\*