

**'FULL DAY' CAMP PROGRAM
REGISTRATION FORM 2010**

*To be completed and turned in at registration

The 'FULL DAY' camp program is designed to provide all-day supervised care for children ages 6 – 12, by our trained summer camp staff. A parent or guardian must sign children in and out daily. All children will choose between structured and self-directed activities throughout the day. Children will only be released to authorized persons designated on their AF Form 1181.

HOURS OF OPERATION

0600 – 1730

\$1.00 PER MINUTE LATE FEE AFTER 1730

Please remember as per AFI 34-248-8.6.1, there is a 10 hour limit per day. Anyone requiring additional care may contact the front desk and we will assist you.

FEES AND CHARGES

Fees due upon registration:

\$10.00 per week/per child deposit for each week your child/children will be attending (non-refundable/non-transferable) Balance due on the Monday of the week of care. A \$10.00 late fee is added if payment is not paid by COB each Wednesday.

Weekly camp fee:

Based on total household income:

CAT	FAMILY INCOME	COST
I	0 - 28,000	\$59.00
II	28,001 - 34,000	\$72.00
III	34,001 - 44,000	\$85.00
IV	44,001 - 55,000	\$96.00
V	55,001 - \$70,000	\$110.00
VI	\$70,001 and up	\$121.00

CAMP PLANNER

Sign up for only those weeks your child will be attending. A \$10 non-refundable/non-transferable deposit is required upon registration per child/per week your child will be attending camp. We do not guarantee space will be available for weeks you do not reserve during registration.

WEEK 1 ____ (June 14-18, 10)

WEEK 2 ____ (June 21-25, 10)

WEEK 3 ____ (June 28-2 July, 10)

WEEK 4 ____ (July 5-9 July, 10)

WEEK 5 ____ (July 12-16, 10)

WEEK 6 ____ (July 19-23, 10)

WEEK 7 ____ (July 26-30, 10)

WEEK 8 ____ (Aug. 2-6 Aug., 10)

WEEK 9 ____ (Aug. 9-13, 10)

WEEK 10 ____ (Aug. 16-20, 10)

CANCELLATION POLICY- I understand that there is a four week cancellation notice on all summer camp reservations. If I do not give a four week notification I will be charged the full time weekly rate for those weeks.

CONFIRMATION

I have read and understand all the information provided above. I understand that the \$10 deposit fee for each week I sign my child up is non-refundable and will not be credited to any other weeks or other Youth Center payments if my child does not attend a week I have reserved.

(CHILD'S NAME – PRINT)

(AGE)/(D.O.B.)

(PARENT'S NAME – PRINT)

Parent Signature and date