

KINDERCAMP

Kindergarten @ the Richard Blake Center

Grade in
September
2017

K

Kindergarten

(NO Lunch Option)

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name _____

Male / Female (circle one)

Birth Date _____

Grade in 9/2017 _____

School : _____

Home Phone: _____

Home Address: _____
(Street) (City) (Zip)

Hours: 8am - 6pm	5 Days	4 Days	3 Days	Weekly Schedules are Fixed and May Not be Switched * Circle Days	7:30 am Early Drop Off \$35/week
GMY Member:	\$295 <input type="checkbox"/>	\$255 <input type="checkbox"/>	\$210 <input type="checkbox"/>		
GMY Member Sibling Fee:	\$285 <input type="checkbox"/>	\$245 <input type="checkbox"/>	\$200 <input type="checkbox"/>		
Non-Member Fee:	\$300 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$215 <input type="checkbox"/>		
Non-Member Sibling Fee:	\$290 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$205 <input type="checkbox"/>		

SESSION DATES

JUNE 26-JUNE 30				M T W TH F	<input type="checkbox"/>
JULY 3-JULY 7	No Camp 7/4	<input type="checkbox"/>	<input type="checkbox"/>	M W TH F	<input type="checkbox"/>
JULY 10-JULY 14				M T W TH F	<input type="checkbox"/>
JULY 17 - JULY 21				M T W TH F	<input type="checkbox"/>
JULY 24 - JULY 28				M T W TH F	<input type="checkbox"/>
JULY 31- AUGUST 4				M T W TH F	<input type="checkbox"/>
AUGUST 7-AUGUST 11				M T W TH F	<input type="checkbox"/>
AUGUST 14-AUGUST 18				M T W TH F	<input type="checkbox"/>
AUGUST 21-AUGUST 25				M T W TH F	<input type="checkbox"/>

* I agree to the above schedule and understand that NO changes are permitted.

Parent Signature _____ Date _____

PARENT INFO:

Parent/
Guardian 1 _____ Cell # _____
EMAIL _____ Work # _____
Parent/Guardian 2 _____ Cell # _____
EMAIL _____ Work # _____

TOTAL CAMP FEES \$ _____ Deposit Amt (if applicable) \$ _____
(@ 50% of total camp fees)

CASH
 CHECK Check # _____
 CHARGE Receipt # _____ Balance Due (if app) \$ _____

After 6:00 PM, a late fee of \$25.00 for every 15 minutes per child will be charged for those Campers not picked up.

** I have read and understand the registration policies.

Parent/Guardian Signature _____ Date _____

May 1st rates

Each camper is entitled to a free t-shirt. Additional t-shirts are \$7.00 each. SEE ORDER FORM

Please email questions to: Blake@morristownymca.org

Staff Initials _____