

EXTENDED CARE REQUEST | KINDERCAMP | AGES: 4-5 YEARS

CAMPER'S NAME

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

Male

Female

PLEASE INDICATE YOUR SELECTED WEEKS

ALL 5 DAYS

WEEK 1: JUNE 28 TO JULY 2	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 2: JULY 6 TO JULY 9 <i>(No camp Mon., July 5)</i>	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 3: JULY 12 TO JULY 16	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 4: JULY 19 TO JULY 23	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 5: JULY 26 TO JULY 30	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 6: AUG. 2 TO AUG. 6	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 7: AUG. 9 TO AUG. 13	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 8: AUG. 16 TO AUG. 20	<input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 9: AUG. 23 TO AUG. 27 <i>(No Inclusion Camp)</i>	<input type="checkbox"/> 1:00PM - 4:00 PM

KINDERCAMP EXTENDED CARE

**MON-FRI
1:00PM-4:00PM**

INCLUDES DAILY ENRICHMENTS

WEEKLY RATE:

\$215 [MEMBERS]

\$255 [COMMUNITY]

PARTICIPANTS MUST SIGN UP FOR ALL 5 DAYS.

WEEK OF JULY 6:

\$172 [MEMBERS]

\$204 [COMMUNITY]

KINDERCAMP EXTENDED CARE IS FOR 4-5 YEAR OLDS. 3-YEAR-OLD CHILDREN NEEDING EXTENDED CARE SHOULD SIGN UP FOR OUR PRESCHOOL SUMMER PROGRAM.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

RETURN FORM AND DEPOSIT TO: SCOTT KAPLAN, CAMP CONTROLLER, JCCNS, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945