

CAMP FORM 2025-2026:**Cooper, PPK-8, PPK-12, Sunrise**

Dear Parents,

After School Connections LLC will be offering camps on the following dates. Please select which camp days your child will be attending. ***Spring**

Camp & Winter Camp must be paid for entire duration, no daily rates offered

We will be offering this opportunity to the first 50 students.

- Non-enrolled Aftercare families must pay a non-refundable registration fee of \$75.
- Must have a minimum of 25 children.
- Due to allergies all students must provide their own lunch and snacks.

Time: 7:00 a.m. – 6:00 p.m.

Ages: 5-11 years old

Camp Cost per Day: Spring/Winter weekly rate***Pre-Reg. Price****Walk-in Price**

Current aftercare enrolled student:

1st child

\$60

\$65

Per Sibling

\$55

\$60

Non-enrolled aftercare student: (+ Reg. pack \$75)

1st child

\$70

\$75

Per Sibling

\$65

\$70

School Staff/Administration:

Per child

\$50

Please select the dates your child will attend.

	Day Camps	Winter Camps *	Spring Break Camp *
	September 23, 2025	December 22, 2025	March 16, 2026
	October 13, 2025	December 23, 2025	March 17, 2026
	October 20, 2025	December 26, 2025	March 18, 2026
	November 24, 2025	December 29, 2025	March 19, 2026
	November 25, 2025	January 2, 2026	March 20, 2026
	November 26, 2025	January 5, 2026	
	February 16, 2026		
	March 13, 2026		
	April 6, 2026	<input type="checkbox"/> All of winter camp	<input type="checkbox"/> All of spring camp

*Late pick up fee is \$1.00 per minute per child after 6:00 pm upon picking up your child.

Please fill out the registration form and submit it to the main office along with the **non-refundable payment**. Payments can be made by online to afterschool connections by **credit card or ACH** through our website www.afterschool-connections.org. If you have any questions, please feel free to contact the pertaining campus.

Registration Form

Student Name: _____ Grade: _____ \$ _____

Student Name: _____ Grade: _____ \$ _____

Student Name: _____ Grade: _____ \$ _____

TOTAL..... \$ _____

By signing up for the days indicated above, I understand payment is non-refundable nor transferable and will not be given back for any reason; I accept the above policies, and I am responsible for payment:

Parent/Guardian Name & Signature: _____ Contact # _____

Internal Use only

TOTAL paid: _____ **Date received:** _____ **Payment Type:** _____ **No.** _____