

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 Per Sibling | \$60 \$55 |
| Non-enrolled aftercare student: (+ Reg. pack \$75) | 1st child Per Sibling | \$70 \$65 |
| 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 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.** _____