

Dear Parents,

After School Connections LLC will be offering day camps on the following dates. Please select which camp days your child will be attending. We will be offering this opportunity to the first 50 students.

\*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:		Pre Reg. Price	Walk-in Price
Current aftercare enrolled student:	1st child	\$45	\$55
	Per Sibling	\$40	\$50
Non-enrolled aftercare student: (+ Reg. pack \$50)	1st child	\$55	\$65
	Per Sibling	\$50	\$60
School Staff/Administration:	Per child	\$40	

Please select the dates your child will attend.

Day Camps		Winter Camps	Spring Break Camp
<input type="checkbox"/>		December 27, 2021	<input type="checkbox"/>
<input type="checkbox"/>	October 15, 2021	December 28, 2021	<input type="checkbox"/>
<input type="checkbox"/>	November 22, 2021	December 29, 2021	<input type="checkbox"/>
<input type="checkbox"/>	November 23, 2021		<input type="checkbox"/>
<input type="checkbox"/>	November 24, 2021		<input type="checkbox"/>
<input type="checkbox"/>	January 4, 2022		<input type="checkbox"/>
<input type="checkbox"/>	March 21, 2022		<input type="checkbox"/>

\*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 to the main office along with the **non-refundable payment**. Payments can be made by **money order, cashier check** to afterschool connections or by **credit card** through our website [www.afterschool-connections.org](http://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: \_\_\_\_\_ \$ \_\_\_\_\_

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. \_\_\_\_\_