



Dear Parents,

After School Connections 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: 5-12

Camp Cost per Day:		Pre Reg. Price	Walk-in Price
Current aftercare enrolled student:	1st child	\$30	\$40
	Per Sibling	\$25	\$35
Non-enrolled aftercare student:	1st child	\$40	\$50
	Per Sibling	\$35	\$45
School Staff/Administration:	Per child	\$20	

Please select the dates your child will attend.

Day Camps		Winter Camps		Spring Break Camp	
<input type="checkbox"/>	October 18,2019	<input type="checkbox"/>	December 23 ,2019	<input type="checkbox"/>	March 23 ,2020
<input type="checkbox"/>	November 27,2019	<input type="checkbox"/>	December 26 ,2019	<input type="checkbox"/>	March 24 ,2020
<input type="checkbox"/>	January 6,2020	<input type="checkbox"/>	December 27 ,2019	<input type="checkbox"/>	March 25 ,2020
<input type="checkbox"/>	March 17,2020	<input type="checkbox"/>	December 30 ,2019	<input type="checkbox"/>	March 26 ,2020
<input type="checkbox"/>	March 20,2020	<input type="checkbox"/>	January 2 ,2020	<input type="checkbox"/>	March 27 ,2020
<input type="checkbox"/>	June 3,2020	<input type="checkbox"/>	January 3 ,2020	<input type="checkbox"/>	
<input type="checkbox"/>	June 4,2020	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	June 5, 2020	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

*Late pick up fee is \$1.00 per minute 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. 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: _____ Contact # _____

Internal Use only:

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