

CAMP FORM 2023-2024:**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 *
October 24, 2023	December 27, 2023	March 25, 2024
November 7, 2023	December 28, 2023	March 26, 2024
November 20, 2023	December 29, 2023	March 27, 2024
November 21, 2023	January 2, 2024	March 28, 2024
November 22, 2023	January 3, 2024	
January 22, 2024	January 4, 2024	
March 22, 2024	January 5, 2024	
	<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.** _____