

# Egremont School

## ~ Summer Camp 1st-5th Grades Registration 2019 ~

Student's Name: \_\_\_\_\_ Grade for 2019-2020 \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Student's T-Shirt Size    XS        S        M        L        XL    Adult S    Adult M    Adult L    Adult XL

Parent's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Please mark the weeks your child will be attending Summer Camp at Egremont with an X.**

Each week chosen from the calendar below will be charged at the rate of \$350 per session (9:00 AM-12:00 PM OR 1:00-4:00 PM) or \$575 for the entire week (9:00 AM-4:00 PM).

Additional weeks of attendance added to this form after the submission deadline of May 24, 2019 will be charged at a rate of \$375 per session or \$625 for the entire week.

**Please mark the days your child will be attending Extended Day Care hours with an X.**

There is a \$5 charge per 1/2 hour (or any portion thereof) per day per camper for Extended Day Care. Payments must be made at time of pick up... unless otherwise paid for in advance.

A \$50 non-refundable registration fee per camper is due at time of registration.

Payment in full of balance owed must be made by May 24, 2019.

*There are no refunds after May 24, 2019.*

***Absences may not be made up... and there are no refunds for absences.***

**Please Note:** All schedule changes to the selected weeks on the below schedule must be made by May 24, 2019 no later than 4:00 PM. After this date and time, a \$10 schedule change fee will be charged per camper, per change.

JUNE				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>17 Summer Camp Begins</b> Session I _____ Session II _____ Both Sessions _____ AM EDC _____ PM EDC _____	<b>18</b> AM EDC _____ PM EDC _____	<b>19</b> AM EDC _____ PM EDC _____	<b>20</b> AM EDC _____ PM EDC _____	<b>21</b> AM EDC _____ PM EDC _____
<b>24</b> Session I _____ Session II _____ Both Sessions _____ AM EDC _____ PM EDC _____	<b>25</b> AM EDC _____ PM EDC _____	<b>26</b> AM EDC _____ PM EDC _____	<b>27</b> AM EDC _____ PM EDC _____	<b>28</b> AM EDC _____ PM EDC _____
JULY				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>1</b> Session I _____ Session II _____ Both Sessions _____ AM EDC _____ PM EDC _____	<b>2</b> AM EDC _____ PM EDC _____	<b>3</b> AM EDC _____ PM EDC _____	<b>4 NO SUMMER CAMP</b>	<b>5</b> AM EDC _____ PM EDC _____
<b>8</b> Session I _____ Session II _____ Both Sessions _____ AM EDC _____ PM EDC _____	<b>9</b> AM EDC _____ PM EDC _____	<b>10</b> AM EDC _____ PM EDC _____	<b>11</b> AM EDC _____ PM EDC _____	<b>12</b> AM EDC _____ PM EDC _____
<b>15</b> Session I _____ Session II _____ Both Sessions _____ AM EDC _____ PM EDC _____	<b>16</b> AM EDC _____ PM EDC _____	<b>17</b> AM EDC _____ PM EDC _____	<b>18</b> AM EDC _____ PM EDC _____	<b>19</b> AM EDC _____ PM EDC _____
<b>22</b> Session I _____ Session II _____ Both Sessions _____ AM EDC _____ PM EDC _____	<b>23</b> AM EDC _____ PM EDC _____	<b>24</b> AM EDC _____ PM EDC _____	<b>25</b> AM EDC _____ PM EDC _____	<b>26 Summer Camp Ends</b> AM EDC _____ PM EDC _____

**For Official Use Only:**

Number of Weeks in June: \_\_\_\_\_ X Session I \$350    Session II \$350    Both Sessions \$575    = \$ \_\_\_\_\_

Number of Weeks in July: \_\_\_\_\_ X Session I \$350    Session II \$350    Both Sessions \$575    = \$ \_\_\_\_\_

Non-Refundable Registration Fee: \$50

**Total Payment Due: \$ \_\_\_\_\_**    Date Payment Received: \_\_\_\_\_

Method of Payment:

Cash     Check     Credit Card (a 2.90% convenience fee will be applied)

**Extended Day Care Usage:**

Number of Total EDC Days in June: \_\_\_\_\_    AM EDC: \_\_\_\_\_    PM EDC: \_\_\_\_\_

Number of Total EDC Days in July: \_\_\_\_\_    AM EDC: \_\_\_\_\_    PM EDC: \_\_\_\_\_

**\$5 Per 1/2 Hour Per Day Per Camper ~ Morning 8:00-9:00 AM and Afternoon 4:00-6:00 PM**

**Total Payment Due: \$ \_\_\_\_\_**    Date Payment Received: \_\_\_\_\_

Method of Payment:

Cash     Check     Credit Card (a 2.90% convenience fee will be applied)

**Changes Made to Schedule After May 24, 2019:**

**\$10 Schedule Change Fee Per Camper Per Change**

Number of Changes: \_\_\_\_\_

**Total Payment Due: \$ \_\_\_\_\_**    Date of Change: \_\_\_\_\_

Method of Payment:

Cash     Check     Credit Card (a 2.90% convenience fee will be applied)