

CHRISTMAS BREAK DAY CAMP



December 22, 26 - 29, Jan 2 - 5

TOTAL PAYMENT DUE by December 11TH
****A minimum of 6 registrations per day are needed for program****
Completed Medical & Discipline Forms Required

Grades K-6

CCCC MEMBERS **NON - MEMBERS**
 \$12.00/day – per child \$16.00/day – per child

Please bring a sack lunch, we will provide snacks.

Child's name _____ Grade _____ M/F Birth date ____/____/____

Parent's Name(s): _____ Contact Phone# _____

Address _____ City _____ Member: YES__ NO__

Are there siblings attending? YES__ NO__

Child's name _____ Grade _____ M/F Birth date ____/____/____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Please mark the days & hours your children will attend Christmas Break Day Camp

CHRISTMAS BREAK CAMP DAYS ATTENDING	HOURS AVAILABLE	APROXIMATE DROP OFF AND PICK UP TIMES	COST M/NM	NUMBER ATTENDING	DAILY TOTALS
Friday, Dec 22	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Tuesday, Dec 26	____ (7a-Noon)	From_____ to_____	\$12/\$16	X _____ =	_____
Wednesday Dec 27	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Thursday, Dec 28	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Friday, Dec 29	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Tuesday, Jan 2	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Wednesday, Jan 3	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Thursday, Jan 4	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
Friday, Jan 5	____ (7a-5:30p)	From_____ to_____	\$12/\$16	X _____ =	_____
TOTAL AMOUNT DUE FOR ALL CAMP DAYS:					_____