

Catch Us if You Can
2023 Summer Camp
Before & After Care



1st Child's Name: _____ 2nd Child's Name: _____
 Parent's Name: _____
 Phone #: _____ Code#: _____
 Campers Attending: ___ One Child ___ Two Children

Before Camp Care	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
tom thumb Drop-off by 8:00 am	June 26	June 27	June 28	June 29	June 30		X \$8	1 st Child	2 nd Child
	July 3	July 4 No Camp	July 5	July 6	July 7		X \$8		
	July 10	July 11	July 12	July 13	July 14		X \$8		
	July 17	July 18	July 19	July 20	July 21		X \$8		
	July 24	July 25	July 26	July 27	July 28		X \$8		
	July 31	Aug 1	Aug 2	Aug 3	Aug 4		X \$8		
	Aug 7	Aug 8	Aug 9	Aug 10	Aug 11		X \$8		
	PLEASE RETURN THIS FORM WITH PAYMENT BY June 27 TH Total Due \$ _____								

After Camp Care	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
tom thumb Pick-up by 4:00 pm	June 26	June 27	June 28	June 29	June 30		X \$7	1 st Child	2 nd Child
							X11		
							X\$14		
4:30 pm	July 3	July 4 No Camp	July 5	July 6	July 7		X \$7		
		No Camp					X11		
		No Camp					X\$14		
5:00 pm	July 10	July 11	July 12	July 13	July 14		X \$7		
							X11		
							X\$14		
4:00 pm	July 17	July 18	July 19	July 20	July 21		X \$7		
							X11		
							X\$14		
4:30 pm	July 24	July 25	July 26	July 27	July 28		X \$7		
							X11		
							X\$14		
5:00 pm	July 31	Aug 1	Aug 2	Aug 3	Aug 4		X \$7		
							X11		
							X\$14		
4:00 pm	Aug 7	Aug 8	Aug 9	Aug 10	Aug 11		X \$7		
							X11		
							X\$14		
PLEASE RETURN THIS FORM WITH PAYMENT BY June 27 TH Total Due \$ _____									

Office Use Only: Payment Received Date _____ Check # _____ Credit card used ___ Yes Amount \$ _____