

**Maple Street Summer Program 2010  
Application  
(please mail or drop off to camp address)**

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
Grade and School attending currently \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**WEEKS Circle the weeks your child will be attending (minimum 2 weeks). The more weeks you choose the cheaper it is.**

7/6 - 7-/9 \*      7/12-7/16      7/19-7/23      7/23-7/30      8/2- 8/6  
8/9-8/13

I am choosing \_\_\_\_\_ 2 weeks \_\_\_\_\_ 3 weeks \_\_\_\_\_ 4 weeks \_\_\_\_\_ 5 weeks  
\_\_\_\_\_ 6 weeks

**CHOICE OF DAYS:** You may choose 3,4, or 5 days a week. You must commit yourself to the **same days each week and one day must be a Monday or a Friday**. If possible , we ask you choose Fridays as one of your days. **Days missed cannot be made up or refunded.**

**CIRCLE DAYS:** Circle the days your child wil be attending camp. (minimum 3days)

Mon                  Tues                  Wed                  Thurs                  Fri

\*Camp is closed Monday July 5th

**Maple Street Summer Early Drop Off Program 2010  
Application  
(please mail or drop off to camp address)**

**Child's Name** \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_

- No early drop off on the first day of camp, July 5th
- No refund for days not used
- 10% discount for siblings

**Early Drop Off:** You may use these programs any time by simply dropping off your child. *You will be billed.*

**DROP OFF FEE: \$10/day**

**Early DropOff Fees**

	<u>2 WEEKS</u>	<u>3 WEEKS</u>	<u>4 WEEKS</u>	<u>5 WEEKS</u>	<u>6 WEEKS</u>
2 days/week	\$40	\$53	\$64	\$75	\$85
3 days/week	\$59	\$76	\$92	\$106	\$120
4 days/week	\$76	\$96	\$116	\$137	\$158
5 days/week	\$92	\$116	\$140	\$165	\$189

***To avail yourself of this reduced fee schedule you MUST register and pay for this program prior to the first day of camp. Otherwise the drop off fee rate is \$10 per hour applies.***

Complete the section below:

**Circle the weeks your child will attend After Camp**

7/6 – 7-/9 \*      7/12-7/16      7/19-7/23      7/23-7/30      8/2- 8/6  
8/9-8/13

**Circle the days your child will attend After Camp**

**Mon                  Tues                  Wed                  Thurs                  Fri**

**Complete the days & Weeks**

**Number of weeks** \_\_\_\_\_ **Number of days/week** \_\_\_\_\_ **Cost\$** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*camp is closed July 5<sup>th</sup>. There is no early drop off the first day of camp.*

**Maple Street Summer After Camp Program 2010  
Application**

**Child's Name** \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_

- No after camp on the last day of camp, August 13<sup>th</sup>
- No refund for days not used
- 10% discount for siblings
- no camp July 5th

**After Camp Drop Off.** You may use the drop off program any time simply by telling your child's counselor and filling out a drop off form. *You will be billed.* **DROP OFF FEES: \$12.50/hour. Any part of an hour is rounded up.**

	<u>2 weeks</u>			<u>3 weeks</u>	
	<u>2:30-4:30PM</u>	<u>2:30-5:30PM</u>		<u>2:30-4:30 PM</u>	<u>2:30-5:30PM</u>
2 days/week	80	120	2 days/week	120	180
3 days/week	120	180	3days/week	180	270
4 days/week	160	240	4 days/week	240	360
5 days/week	200	300	5days/week	300	450

  

	<u>4 weeks</u>			<u>5 weeks</u>	
	<u>2:30-4:30PM</u>	<u>2:30-5:30PM</u>		<u>2:30-4:30 PM</u>	<u>2:30-5:30PM</u>
2 days/week	160	240	2 days/week	200	300
3 days/week	240	360	3days/week	300	450
4 days/week	320	480	4 days/week	400	600
5 days/week	400	600	5days/week	500	750

  

	<u>6 weeks</u>	
	<u>2:30-4:30PM</u>	<u>2:30-5:30PM</u>
2 days/week	240	360
3 days/week	360	540
4 days/week	480	720
5 days/week	600	900

**To avail yourself of this reduced fee schedule you MUST register and pay for this program prior to the first day of camp. Otherwise the drop off fee rate is \$12.50 per hour applies.**

**Circle the weeks your child will attend After Camp**

**7/5 - 7-/9 \*      7/12-7/16      7/19-7/23      7/23-7/30      8/2- 8/6  
8/9-8/13\***

**Circle the days your child will attend After Camp**

**Mon                  Tues                  Wed                  Thurs                  Fri**

**Complete the days & Weeks**

**Number of weeks \_\_\_\_\_ Number of days/week \_\_\_\_\_ Hours/day (2hr or 3hr) \_\_\_\_\_ Cost\$ \_\_\_\_\_**

**Parents Signature \_\_\_\_\_ Date \_\_\_\_\_**

**\*please enclose \$150 non refundable deposit to hold space-all will be applied to your camp balance**