

# Summer Camp 2017

June 26-September 1

Full Day



Campers Name \_\_\_\_\_

Campers Date of Birth \_\_\_\_\_

Your Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

## Full Day Camp

<b>Age</b> 6 - 12 years	<b>Hours</b> 9 am to 3:30 pm	<b>Weekly Fees</b> \$350 Mo, Tu, We, Th, Fr \$225 Mo, We, Fr \$160 Tu, Th
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## Leaders in Training

<b>Age</b> 13 - 15 years	<b>Hours</b> 9 am to 3:30 pm	<b>Weekly Fees</b> \$100 Mo, Tu, We, Th, Fr Available Sessions #4-10
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### Add-Ons

Early Drop Off 7:30 – 9:00 *daily* \$10; *weekly* \$40  
 Extended Hrs 3:30 – 5:30 *daily* \$10; *weekly* \$40  
 Both Early Drop & Extended Hours *daily* \$15; *weekly* \$60

### Optional Lunch

Campers can either bring their own lunch or choose from a selection of boxed lunches for \$30 a week or \$6 daily.

### Discounts

15% off if registered and paid in full by 4/15  
 10% off if registered and paid in full by 5/15

You must complete a Registration Form as part of the registration process. Once Enrollment and Registration forms are received, we will confirm total and contact you for payment.

## Payment breakdown

Data for this section from worksheet on opposite side

	item total
Cost per week x _____ weeks	_____
Cost per week x _____ weeks	_____
Early drop off x _____ <input type="checkbox"/> days <input type="checkbox"/> weeks	_____
Extended hrs x _____ <input type="checkbox"/> days <input type="checkbox"/> weeks	_____
Early drop-off and extended hrs x _____ <input type="checkbox"/> days <input type="checkbox"/> weeks	_____
Lunch x _____ <input type="checkbox"/> days <input type="checkbox"/> weeks	_____
Swim lessons x _____ <input type="checkbox"/> days	_____
Registration Fee <input type="checkbox"/> Single \$30; <input type="checkbox"/> Family \$45	_____
<input type="checkbox"/> Discount 15%, 4/15 full payment	_____
<input type="checkbox"/> Discount 10%, 5/15 full payment	_____

**TOTAL DUE**

Office Use Only

Total Confirmed  Adjusted

## Payment Information

Partial Payment  Payment in Full

Check Enclosed

*Payable to Schafer Sports Center*

We take Visa, Mastercard, Discover and Debit Cards. Sorry, we do not take American Express



Please contact us with your credit card information

I give permission to Schafer Sports Center to bill my credit card for the agreed upon amount.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete worksheet on other side of this form.**

Mail or return to us at the following address: Schafer Sports Center, 5 Graphics Drive, Ewing, NJ 08628  
 For questions, please contact us at 609.393.5855

