

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

Age 6 - 12 years	Hours 9 am to 3:30 pm	Weekly Fees \$350 Mo, Tu, We, Th, Fr \$225 Mo, We, Fr \$160 Tu, Th
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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

DEBIT

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

