

# Summer Camp 2021

June 21-Sept 3



**School Age Enrollment: 6 - 12 yrs**

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

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

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

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

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

## School Age Camp

### Full Day

9 am to 3:30 pm  
**\$300** 5 days  
**\$70** per day

### Half Day

Morn: 9 am - 12:00 pm  
**\$190** 5 days  
**\$42** per day

### Add-Ons

Additional Swim Lesson: *Call for Details*

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 \$35; <input type="checkbox"/> Family \$55	_____
<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

