

Summer Camp 2022

June 20-Sept 2



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

Multi Child Discounts available. Ask for details.

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	_____
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

