



SJV Summer Day Camp 2019

EXTEND CAMP CARE

Family LAST Name: _____

Address: _____ City/Zip: _____

Phone Number: _____ Wk. Number _____

Number of Campers _____

Camper #1 _____ Age _____

Camper #2 _____ Age _____

Camper #3 _____ Age _____

Camper #4 _____ Age _____

Camper #5 _____ Age _____

COST

\$40 per week for first camper

\$20 each additional SIBLING

Covers 1pm to 5pm

Amount paid \$ _____

***Please note and initial all campers MUST be picked up no later than 5pm**

FAMILY WILL BE CHARGED A LATE FEE OF \$2 PER MINUTE PER CAMPER Initial _____

Emergency Contact _____

Address _____ City/Zip _____

Cell Number _____ Wk. Number _____ Home Number _____

*Check weeks of extended camp

WEEKS:

Week 1** June 3-7 Week 2** June 10-14 Week 3** June 17-21 Week 4** June 24-28