

Giddens School

inspiring children to better their world

2010 Summer Blast Camp for students in preschool and pre-K

For our youngest campers we offer age-appropriate activities and new school experiences. Small groups, outside fun, and new friends makes Giddens a great place to explore all the fun that summer has to offer!

	<u>Week</u> One \$50 deposit required	<u>Half Day</u> (9am- 12:30pm) \$150	<u>Half</u> <u>Week</u> (M-W full days) \$150	<u>Full</u> <u>Day</u> (9am- 3pm) \$225	<u>AM</u> <u>Ext.</u> <u>Care</u> (7:30am -9am) \$40	<u>PM</u> <u>Ext.</u> <u>Care</u> (3pm- 6pm) \$60
1	June 28-July 2					
2	July 6-July 9					
3	July 12-July 16					
4	July 19-July 23					
5	July 26-July 30					
6	Aug. 2-Aug. 6					
7	Aug. 9-Aug. 13					
8	Aug. 10-Aug. 20 Aug. 20 th ½ day ending @ 12:30					

Child's Name: _____ Birthday _____

Parent/Guardian Name: _____

Address: _____

phone #: _____ email _____

____ Current Giddens Family ____ New Giddens Family

____ Non-Giddens Family ____ Alum Family

In consideration of Giddens School accepting my child for enrollment in the summer program, I authorize the school to take my child on such field trips or excursions away from the properties of the school as the teachers and other authorized personnel and agents of the school deem advisable or appropriate. In the event of apparent ill health or injury to my child, I authorize the school to provide, at the parents'/ guardians' expense, first aid or other assistance as may seem appropriate. In case of emergency the school will consult the designated physician and / or the nearest emergency room physician.

I agree to the fees and terms outlined in the Summer Program information and registration materials. I understand that I will be billed for all care signed up for on the registration form, and that **these charges will not be refunded** if I decide not to participate in the program.

Signature _____ Date _____

You will be charged for all days signed up for on the registration form. These charges are not refundable.

Requesting financial aid? (Y / N)

of weeks (full day) regular camp _____ @ \$225 = _____

of weeks half day/half weeks _____ @ \$150 = _____

of weeks AM extended care _____ @ \$40 = _____

of weeks PM extended care _____ @ \$60 = _____

TOTAL: _____

OFFICE USE ONLY:

Financial Aid (_____ %) (_____)

TOTAL CREDIT: (_____)

DEPOSIT: (_____)

AMOUNT TO BE BILLED: