

BOYS' & GIRLS' CLUB OF PITTSFIELD, INC.
EXTENDED CARE CAMP 2011 REGISTRATION FORM
 448-8258

June 22 - August 26 10 Sessions
 (Drop off no earlier than 7:30) 8:00 a.m. – 5:00 p.m. daily (Pick up no later than 5:30)

FEE: \$140.00 Weekly (5 DAYS) \$50.00 **NON-REFUNDABLE** deposit required at registration (applied to 1st week attended)
 SLIDING FEE SCHEDULE: \$140.00 1st child; \$130.00 2nd child.....3 children or more- \$140.00 1st child; \$110.00 for each additional child.

THE FULL FEE IS REQUIRED FOR DAYS REGISTERED REGARDLESS THE NUMBER OF DAYS ATTENDED.

**PAYMENTS ARE DUE THE WEEK PRIOR TO REGISTERED SESSION.
 DUE TO A LIMITED NUMBER OF SPACES, IF YOU HAVE REGISTERED FOR A SESSION AND ARE UNABLE TO ATTEND, YOU ARE REQUIRED TO GIVE A 1 WEEK NOTICE OR YOU WILL BE RESPONSIBLE TO PAY FOR THAT WEEK.**

**All children should be dropped off at the club between 7:30 and no later than 8:15 a.m.
 The children will be bussed to Camp Russell everyday, (departure 8:30 a.m.)**

All activities in this program are structured and well supervised. Bag lunch required-(no microwavable items), beverage provided...Bring bathing suits and towel marked with child's name.

NAME _____ ADDRESS _____ TEL. _____
 AGE _____ Male _____ Female _____ EMERGENCY # _____
 MOTHER'S WORK # _____ PLACE _____ HRS. AT WORK _____
 FATHER'S WORK # _____ PLACE _____ HRS. AT WORK _____
 E- Mail Address : _____
 PARENT/GUARDIAN SIGNATURE _____
 PLEASE **PRINT** NAME LEGIBLY: _____

Please check off session child will be attending:

		<u>PMT DUE</u>			<u>PMT DUE</u>		
()	SESS. A	June 22 - June 24	6/15	()	SESS. F	July 25- July 29	7/18
()	SESS. B	June 27 - July 01	6/20	()	SESS. G	Aug 01 – Aug 05	7/25
()	SESS. C	July 05 - July 08	6/27	()	SESS. H	Aug 08 – Aug 12	8/1
()	SESS. D	July 11 - July 15	7/5	()	SESS. I	Aug 15 – Aug 19	8/8
()	SESS. E	July 18 - July 22	7/11	()	SESS. J	Aug 22 – Aug 26	8/15

Please check for Basketball Camp option available for sess. B () C ()
Please check for Sports Camp option available for sess. D()E ()F()G()H () I ()
 *PERMISSION TO USE PICTURE OF MY CHILD BY THE BOYS' & GIRLS' CLUB
 PARENT OR GUARDIAN SIGNATURE _____

OFFICE USE:

PAY'T RECEIVED BY	AMOUNT & METHOD PAID	DATE
_____	_____	_____

Physician's Health form received _____ Parent Health Form Received _____