

Blackhawk Care Summer Camp

FULL WEEK CAMP ENROLLMENT: Your children will be with us for five days most weeks of the summer. We do understand that there will be weeks off for vacations, etc. In this plan, there is no reduction in cost for single days missed during a scheduled full five-day week. This is our most affordable plan. There will be a \$50 registration fee per child, no matter what enrollment plan you choose. If you are enrolling multiple children for each additional child the registration fee is \$25. This fee will be used towards snacks, supplies, activities, field trips, and will hold your child's spot for camp. Summer camp is open from 6:45am-6pm. We go on field trips on Tuesdays and Thursdays.

Please initial attendance weeks	WEEKS	Payment Due Date	Amount Due	Two Week Enroll/ Cancellation Date
	Week 1 May 31 st	May 31 st or before	\$120.00	May 16 th
	Week 2 June 6 th	June 3 rd	\$150.00	May 23 rd
	Week 3 June 13 th	June 10 th	\$150.00	May 30 th
	Week 4 June 20 th	June 17 th	\$150.00	June 6 th
	Week 5 June 27 th	June 24 th	\$150.00	June 13 th
	Week 6 July 4 th	CLOSED	\$0.00	
	Week 7 July 11 th	July 11 th	\$150.00	June 27 th
	Week 8 July 18 th	July 15 th	\$150.00	July 4 th
	Week 9 July 25 th	July 18 th	\$150.00	July 11 th

- If you are signing up multiple children there is a 10% discount for each additional child
- Summer Camp will be closed the week of July 4th
- Enrolling after the Enroll Date cannot guarantee enrollment for that week if camp is full
- Our School Year program will start on Tuesday August 9th
- We accept cash, check, money orders, or you can pay directly online using your bank account or credit card. Once I have your enrollment packet I will set you up in our HiMama app that we will be using for summer camp and the school year program.

PARTIAL WEEK CAMP ENROLLMENT: Requires commitment of at least two days a week on a set schedule of chosen days. Enrollment must be two weeks before attending and cancellation must be two weeks before the start of the week requested in order to avoid Late Cancellation Fee of \$15.00.

PLEASE CIRCLE amounts for the days you will attend and initial in column one.	Mon	Tues	Wed	Thurs	Fri	Field Trip Additional Fee if applicable	Total Due before Attending*
Week 1	Not open	\$35	\$35	\$35	\$35		
Week 2	\$35	\$35	\$35	\$35	\$35		
Week 3	\$35	\$35	\$35	\$35	\$35		
Week 4	\$35	\$35	\$35	\$35	\$35		
Week 5	\$35	\$35	\$35	\$35	\$35		
Week 6 CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED		
Week 7	\$35	\$35	\$35	\$35	\$35		
Week 8	\$35	\$35	\$35	\$35	\$35		
Week 9	\$35	\$35	\$35	\$35	\$35		

Occasional Care for single days is available at \$35.00 per day. Requires previously completed enrollment packet and 24-hour notification prior to attending. Please contact Shae Barker, Program Coordinator, 758-4491 x2127.

PLEASE COMPLETE AGREEMENT CONTRACT ON REVERSE SIDE.
THANK YOU FOR JOINING US AT SUMMER CAMP.

Please initial agreement on each statement (choosing one of the last two)

_____ **Payment must be made the week prior to attending. No exceptions, if fees are not paid student may not attend.**

_____ **I will pay \$50 registration fee and if I'm enrolling multiple children, I will pay \$25 for each additional child.**

_____ **I have read and understand the charges for summer camp opportunities.**

_____ **I will pay in full for my child(ren)'s participation in chosen summer camp experiences.**

_____ **I will honor the notification time periods (two weeks before a full week or partial week enrollment and 24-hour phone notification for single, occasional care days (after I have a completed enrollment form on file)).**

_____ **I understand and agree to pay a \$15.00 penalty for failing to meet cancellation dates as provided in Summer Camp enrollment calendars required two weeks' notice of cancellation.**

_____ **I am a school year BHC family and have a completed, enrollment form on file.**

_____ **I am attaching a completed enrollment form for each child who will attend any time during summer camp.**

Childs Name: _____

Grade: _____

Date of submission: _____

Name of Emergency Contact: _____

Relationship: _____

Phone Contact: _____

Parent/Guardian signature: _____

Day Time Phone Contact: _____