



YOUTH SUMMER DAY CAMP 2017



Ages 6 – 10 Location: Independence Middle School Cafeteria

Activities include sports, arts & crafts, swimming, and special projects. Themes and activities will vary each week. The cost of field trips is included in the registration fee. **An informational Parent Packet containing a medical form and field trip permission form MUST be returned with the attached registration form. Packets are available at the Recreation Office, the Bethel Park Community Center or can be downloaded and printed from the Recreation page on the Municipal website: www.bethelpark.net.**

You may register for up to SEVEN (7) separate weekly sessions that will begin on Monday, June 19 and continue through Friday, August 4. ***NO CAMP TUESDAY, JULY 4.** Child MUST be 6 years old prior to the first day attending camp and not more than age 10 by the last day attending camp. Ages 11-14 may attend Summer Fun Camp at the Community Center. **ALL CAMPERS MUST BRING A WATER BOTTLE DAILY.**



MORNING SESSION: 9:00 AM - NOON AFTERNOON SESSION: 12:30 - 3:30 PM
FEE: \$80 per week (for 1 child / one session) Non-resident add \$10 per child per week



ALL DAY SESSION: 9:00 AM - 3:30 PM FEE: \$145 per week (for 1 child / all day)
Non-resident add \$20 per child per week All-day campers must also bring a lunch daily.

Early drop-off (7:00 AM) or late pick-up (6:00 PM) services will be available for \$20.00 each per week. One week, all day from 7:00 AM - 6:00 PM would add \$40 for early and late services. Please use the attached YOUTH SUMMER DAY CAMP REGISTRATION FORM to register your child for this program, **one form for each child.** Make checks payable to "Bethel Park Recreation" and return with all completed forms to: 5100 West Library Avenue, Bethel Park, PA 15102.

Space is limited. THERE ARE NO REFUNDS FOR DAY CAMP. Questions? Call the Recreation Office 412-831-1328.

SESSIONS	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks
one session	\$80	\$160	\$240	\$320	\$400	\$480	\$560
all day	\$145	\$290	\$435	\$580	\$725	\$870	\$1015

YOUTH SUMMER DAY CAMP 2017 REGISTRATION FORM **ages 6-10**

One child per form, please. You may make copies. **Medical Form & Field Trip Form Required w/ Registration**

NAME: _____ BIRTH DATE: _____ AGE: _____ GRADE: _____

ADDRESS: _____ ZIP CODE: _____ Male/Female circle

PHONE: home () _____ cell () _____ B P Resident? Yes / No

E-mail: _____ Amount Enclosed: _____

Please mark (X) EACH week and session you wish to attend: Optional: \$20 extra for each

WEEK	DATES	AM Only	PM Only	ALL DAY	EARLY	LATE
#1	6/19 - 6/23	_____ (201)	_____ (251)	_____ (281)	_____	_____
#2	6/26 - 6/30	_____ (202)	_____ (252)	_____ (282)	_____	_____
#3	*7/3 - 7/7	_____ (203)	_____ (253)	_____ (283)	_____	_____
#4	7/10 - 7/14	_____ (204)	_____ (254)	_____ (284)	_____	_____
#5	7/17 - 7/21	_____ (205)	_____ (255)	_____ (285)	_____	_____
#6	7/24 - 7/28	_____ (206)	_____ (256)	_____ (286)	_____	_____
#7	7/31 - 8/4	_____ (207)	_____ (257)	_____ (287)	_____	_____

*** no camp 7/4**

Parent/Guardian Signature: _____ Date: _____

Office use only: _____

Session Fee: \$ _____ E / L Fee \$ _____ Amount Due: \$ _____ Amount Paid: \$ _____ Cash Check # _____

Activity # 3128. _____ Date Rec'd _____

Med Form Rec'd _____ Field Trip Permission Rec'd _____ Parent Packet Given _____ Payment Plan _____