

Carroll County Community Center

FALL BREAK DAY CAMP

OCTOBER 22 – 26TH

7 AM - 6 PM

Grades K – 6



CCCC MEMBERS

\$20.00/day – per child

NON - MEMBERS

\$25.00/day – per child

TOTAL PAYMENT DUE by October 10TH

Please bring a sack lunch, we will provide snacks.

Child's name _____ Grade _____ M/F Birth date ____/____/____

Parent's Name(s): _____ Contact Phone# _____

Address _____ City _____ Member: YES / NO

Are there siblings attending? YES _____ NO _____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Child's name _____ Grade _____ M/F Birth date ____/____/____

Please mark the days & hours your children will attend Fall Break Day Camp

FALL BREAK CAMP DAYS ATTENDING	HOURS AVAILABLE	APROXIMATE DROP OFF AND PICK UP TIMES	COST M/NM	NUMBER ATTENDING	DAILY TOTALS
Monday, Oct 24	____ (7a-6:00p)	From _____ to _____	\$12/\$16	X _____ =	_____
Tuesday, Oct 25	____ (7a-6:00p)	From _____ to _____	\$12/\$16	X _____ =	_____
Wednesday, Oct 26	____ (7a-6:00p)	From _____ to _____	\$12/\$16	X _____ =	_____
Thursday, Oct 27	____ (7a-6:00p)	From _____ to _____	\$12/\$16	X _____ =	_____
Friday, Oct 28	____ (7a-6:00p)	From _____ to _____	\$12/\$16	X _____ =	_____

TOTAL AMOUNT DUE FOR ALL CAMP DAYS: \$

Return Registration Form and payment to the Carroll County Community Center

OFFICE USE ONLY:

Payment Amount: _____ Payment Type: cash _____ check _____ # _____ Staff Initials _____ Date _____