Week # _____ Name(s)

Dates Attending _____

Amount \$_____

Your Name _____

Phone Number _____

Camp Times: 7:00 am ~ 5:30 pm

(\$3 fee to be added for drop off prior to 7am) Monday: Drop off_____ Pick up_____ Portland Water Park Pass Number (\$3 fee to be added if child does not have pool pass) Tuesday: Drop off_____ Pick up_____ Wednesday: Drop off_____ Pick up _____ Thursday: Drop off_____ Pick up_____ Friday: Drop off ____ Pick up ____ By Friday = 10/day/camperAfter Friday = 15/day/camper

Items Your Child Needs:

- Tennis Shoes (Flip Flops Permitted on Swimming Days)
- Personal Bottle of Sunscreen
- Change of Clothes, Swimsuit, & Towel

Payment & Schedules are due the Thursday of the previous week!

Office Use Only:

Date:

Check #/Cash/Credit:

Receipt:

Amount:

Employee:

Jav Commu Center

Week #		
Name(s)		
Dates Att	ending	Jay Communi Center
Amount S	\$	Center
Your Nan	ne	
Phone Nu	umber	
Camp Tim	es: 7:00 am ~ 5:3	<u>80 pm</u>
(\$3 f	ee to be added for drop	o off prior to 7am)
Monday:	Drop off	Pick up
Portland	Water Park Pass	s Number
		es not have pool pass)
		Pick up
	• -	Pick up
		Pick up
-	_	Pick up
By Friday	r = \$10/day/ca	mper
After Fric	lay = \$15/day/day/day/day/day/day/day/day/day/day	camper
Items Your	Child Needs:	~~~~~~~
		ed on Swimming Days)
	Bottle of Sunscreen	e .
Change of	Clothes, Swimsuit, &	Towel
F	ayment & Schedule	s are due the
	Thursday of the pre	vious week!
Office Use Or	nly:	
Date:	Check #/Cash/C	Credit:
Amount:	Receipt:	Employee: