

CAFFERY'S SUMMER DAYCAMP

140-5 Main Street, Metro Square, Middletown, CT 06457 (Located next to Metro Movie)

Phone: 860-346-5678

Email: cafferys1@comcast.net

cafferysdanceandgymnasticschool.com



OPEN TO THE PUBLIC

CAMP HOURS: 8:00am – 4:00pm (Extended Hours Available)

SEE FORMS: Early Drop / Late Pick Up \$5.00 per ½ hr.

ACTIVITIES

Gymnastics, Soccer, Movies, Arts, and Crafts, dress up, Music, Dance, Zumba, Karate, Cheer; Cheer Tumbling, Bounce House, Games, Air track tumbling and more.....

Sign In/Sign Out: Morning sign in /afternoon sign out is required. If someone other than the parent/guardian will be picking up your child(ren), you must write the person's name on the morning sign in sheet next to your name.

Doors: The doors will remain locked between the hours of 8:30am – 3:30pm. Please ring the buzzer if entering after hours.

Lunch: Campers will need a bag lunch. Include 2 water bottles and/or juice and morning and afternoon snacks. Campers will eat lunch at 12:00 – 12:30. (NO PEANUTS)

Rest Time/Movie Time: 12:30 – 1:30. Campers may bring a blanket and their favorite sleepy time friend. Older child should bring a quiet time activity, book, iPad. **Attire:** Sport shorts, tank top,

Option 1. Full Week: \$165.00 per week, must attend all 5 days in the same week.

Option 2. Three Day Week: \$135.00 3/days, must attend all 3 days in the same week.

Option 3. Single Days: \$45.00/day

FAMILY RATE: – Siblings only Discount applicable to (OPTION 1) FULL WEEK.

1st Child: \$165.00

2nd Child: \$135.00

3rd Child: \$120.00

Campers Name _____

Please check off, my child will attend camp on the following weeks:

Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___

WEEK 1.

JULY: 7/30 ___ 7/31 ___ 8/1 ___ 8/2 ___ 8/3 ___

FULL PAYMENT \$ _____

Extended Hours: ___ Time in ___ Time out _____

Please fill out early drop off /late pick up forms

WEEK 2.

AUGUST: 8/6 ___ 8/7 ___ 8/8 ___ 8/9 ___ 8/10 ___

DEPOSIT \$ _____ FULL PAYMENT \$ _____

Extended Hours: Yes ___ Time in ___ Time out _____

Please fill out early drop off /late pick up forms

WEEK 3.

AUGUST: 8/13 ___ 8/14 ___ 8/15 ___ 8/16 ___ 8/17 ___

DEPOSIT \$ _____ FULL PAYMENT \$ _____

Extended Hours: Yes ___ Time in ___ Time out _____

Please fill out early drop off /late pick up forms

WEEK 4.

AUGUST: 8/20 ___ 8/21 ___ 8/22 ___ 8/23 ___ 8/24 ___

DEPOSIT \$ _____ FULL PAYMENT \$ _____

Extended Hours: Yes ___ Time in ___ Time out _____

Please fill out early drop off /late pick up forms

WEEK 5.

AUGUST: 8/27 ___ 8/28 ___ 8/29 ___ 8/30 ___ 8/31 ___

DEPOSIT \$ _____ FULL PAYMENT \$ _____

Extended Hours: Yes ___ Time in ___ Time out _____

Please fill out early drop off /late pick up forms

1st Weekly Payment: FULL PAYMENT \$ _____

Deposit **FULL WEEK** \$65.00 x ___ (per additional week) \$ _____

Deposit **3 DAYS** \$65.00 x ___ (per additional week) \$ _____

Family Deposit \$100.00 x ___ (per additional week) \$ _____

Single Days \$45.00 x ___ (per days) \$ _____

Amount Include \$ _____

CONTACT INFORMATION: 860-346-5678. Our office will be closed June 22nd – July 25th. If you need to reach us please email cafferys1@comcast.net.

PAYMENT PLANS:

Registration and fees must reach our office by June 20th. Providing we have openings we will gladly accept late registration. Keep in mind we were completely full last year.

FULL WEEK: If your child is attending camp 2 or more weeks you may pay weekly. Please include your **1st full weekly payment \$165.00** /ADD a \$65.00 deposit for each additional week.

3 DAY WEEK: If your child is attending camp all 4 weeks you may pay weekly. Please include your **1st full weekly payment \$135.00** / ADD a \$65.00 deposit for each additional week.

SINGLE DAYS: Full Payment of \$45.00 per day is required at time of registration.

FAMILY DISCOUNT: (Must be siblings)

If you have 2 or more children **attending 2 or more weeks** of camp we offer a family deposit of \$100.00 per week. Please include your **1st full weekly payment** / ADD a \$100.00 deposit for each additional week.

Payments are due on Friday 8/3 – 8/10 – 8/17- 8/24 for the following week. Payments not received on Friday will be charged a \$20.00 late processing fee.

Policies

- * Campers cannot make up missed camp days.
- * **ALL DEPOSITS/PAYMENTS ARE NON-REFUNDABLE**
- * We reserve the right to refuse your registration once the camp is full.
- * **Registration Forms will not be accepted if payment is not included.**

PAYMENT OPTIONS:

Mail checks to:

Aresco Enterprise, Inc, 34 Shunpike Road, PMB 126, Cromwell, CT 06441

ONLINE PAYMENTS: Once our office receives your online registration you will receive an invoice via email provided on your registration form. Online payment instructions will be provided with your invoice

OFFICE DROP OFF: Drop forms and fees off in our office Mon- Thurs 5:30 – 7:30 pm
Saturday 9:15 – 11:30am (May – June 20th)

FRIENDS AND FAMILY: Don't forget to tell a friend!!!! We welcome friends and family member to join in the camp fun.

CAFFERY'S SUMMER DAY REGISTRATION FORM

We reserve the right to refuse your registration once the camp is full.
Registration Forms will not be accepted if payment is not included.
To secure your child(ren) placement submit your forms as soon as possible.

Please fill out a separate form for each child.

*Child: _____ AGE _____

*Address _____ City _____ Zip _____

*Parent's Name: _____

*Email: _____

*Emergency Contact:(1) _____
Phone _____ Relationship: _____

*Emergency Contact:(2) _____
Phone _____ Relationship: _____

**Does your child have any medical problems that we should be aware of?
Allergies, dislocation, etc.**

When would you like to be contacted?

CHECK ONE BOX BELOW:

Any time my child complains of not feeling well: ____
I trust Caffery's staff will know when a call is needed ____

How would you like to be contacted? Phone ____ or Via Text ____?

CONTACT NUMBER _____

Do we have permission for emergency room services if needed for your child?
Yes__ No ____