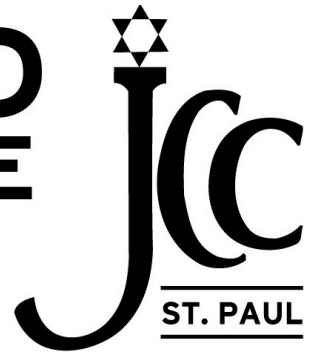


# BUTWIN EXTENDED BEFORE/AFTER CAMP CARE REGISTRATION FORM



Grades K – 6

Before and after camp care is provided during the weeks of August 13<sup>th</sup> – 31<sup>st</sup>. Before camp hours are 7:30 – 8:15 am, and after camp hours are 4:30 – 6:00 pm.

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Member # \_\_\_\_\_

Parent name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Number of Days	Before	After	Both
1 – 3	\$15	\$27	\$30
4 – 5	\$22	\$38	\$45

August 13 – 17

	M	Tu	W	Th	F
Before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

August 20 – 24

	M	Tu	W	Th	F
Before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

August 27 – 31

	M	Tu	W	Th	F
Before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT OF: \$ \_\_\_\_\_ MADE BY:  CHECK  CASH  CREDIT  AUTO PAYMENT

If you **already** have a method of payment form on file, this registration can be charged via the automatic payment system. If not, you will need to pay upon registration, or sign up for auto payment. Please use the following link to download the payment form: [http://www.stpauljcc.org/pdf\\_files/method\\_of\\_payment.pdf](http://www.stpauljcc.org/pdf_files/method_of_payment.pdf)

**Do not write Credit Card information on this form, as this is a public document. Please make Credit Card transactions at the Front Desk.**

I grant permission for my child to participate in all activities planned during this program. Also, if you cannot contact me in an emergency, I authorize the JCC program staff to secure proper medical staff as may be needed for my child. **I have read and agree to abide by the above terms.**

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return all forms to the St. Paul JCC for completion of registration.

Any questions? Contact Brittany Buchanan at 651-255-4759 or [bbuchanan@stpauljcc.org](mailto:bbuchanan@stpauljcc.org)