

YOUTH SUMMER DAY CAMP 2021

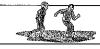


Ages 6 – 10 Location: Independence Middle School Cafeteria

Activities include sports, arts & crafts, swimming, and special projects. Themes and activities will vary each week. The cost of Field Trip Visitors is included in the registration fee. An informational Parent Packet containing 3 additional forms MUST be returned with the attached registration form. Packets are available at 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 EIGHT (8) separate weekly sessions that will begin on Monday, June 14 and continue through Friday, August 6. *NO CAMP MONDAY, JULY 5. 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: \$85 per week (for 1 child / one session) Non-resident add \$10 per child per week



SESSIONS

one session

Office use only:

Activity # 3128.

all day

1 week

\$85

\$150

2 weeks

\$170

\$300

ALL DAY SESSION: 9:00 AM - 3:30 PM FEE: \$150 per week (for 1 child / all day)
Non-resident add \$20 per child per week All-day campers must also bring a lunch daily.

5 weeks

\$425

\$750

6 weeks

\$510

\$900

Date Received

7 weeks

\$1050

\$595

8 weeks

\$680

\$1200

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: 5151 Park Avenue, Bethel Park, PA 15102.

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

4 weeks

\$340

\$600

3 weeks

\$255

\$450

NAME:ADDRESS:PHONE: home () E-mail:			BIRTH D	BIRTH DATE:			GRADE:	
					ZIP CC	DDE:	Male/Female circle	
			cell (_cell ()		B P Resident? Yes / No		
				Amount Enclosed:				
Please mar	k (X) EACH	week and sess	ion you wish to att	end: O	ptional: \$20	extra for <u>e</u>	<u>each</u>	
WEEK	DATES	AM Only	PM Only	ALL DAY	EARLY	LATE	SUMMINISTS	
			(251)				AND A STATE	
#2 6	21 - 6/25	(202)		(282)				
		(203)		(283)			JANK.	
#4 *7	76 - 7/9	(204)	(254)	(284)			* no camp 7/5	
		(205)		(285)				
	19 - 7/23	(206)	(256)	(286)				
#6 7/	00 7/00	(207)	(257)	(287)				
	26 - 7/30	\~~'/	· /					

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

Medical Form Received Permission Received Emergency Form Received