

**iMAGINATION 101<sup>®</sup>**  
**SUMMER ARTS CAMP**  
**AFTER CARE FORM**



Charm City Players, Inc.  
 Office: 14613 Philpot Rd, Phoenix, MD 21131  
 410-472-4737 Phone | 410-472-4738 Fax  
 www.CharmCityPlayers.com | Info@CharmCityPlayers.com

**Please fill in ALL information. Print legibly. Please complete a SEPARATE After Care Form for each Child.**

Camper's Name: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Grade Entering in Fall 2016: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1st Parent/Guardian: \_\_\_\_\_ 2nd Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**After Care 4:00 pm — 5:30 pm**

*Please note that failure to pick up your child promptly at 5:30 pm will result in additional fees at the rate of \$15 per quarter hour.*

**AFTER CARE: Session #1 July 10 - 21**

| DATES     | WEEKLY AFTER CARE | DAILY AFTER CARE | IF DAILY, PLEASE LIST SPECIFIC DATES | TOTAL DUE |
|-----------|-------------------|------------------|--------------------------------------|-----------|
| 7/10-7/14 | \$70.00/WEEK      | \$16.00/DAY      |                                      | \$        |
| 7/17-7/21 | \$70.00/WEEK      | \$16.00/DAY      |                                      | \$        |
|           |                   |                  | <b>Total Due for After Care</b>      | \$        |

**AFTER CARE: Session #2 July 31 – August 11**

| DATES    | WEEKLY AFTER CARE | DAILY AFTER CARE | IF DAILY, PLEASE LIST SPECIFIC DATES | TOTAL DUE |
|----------|-------------------|------------------|--------------------------------------|-----------|
| 7/31-8/4 | \$70.00/WEEK      | \$16.00/DAY      |                                      | \$        |
| 8/7-8/11 | \$70.00/WEEK      | \$16.00/DAY      |                                      | \$        |
|          |                   |                  | <b>Total Due for After Care</b>      | \$        |

**TOTAL DUE FOR ALL SESSIONS:** \$ \_\_\_\_\_

**Make Checks payable to "Charm City Players" and return to 14613 Philpot Rd., Phoenix, MD 21131**  
**Questions? Contact Chrissy at CCP 410-472-4737 or info@CharmCityPlayers.com**

I request that my child be registered with Charm City Players' iMAGINATION 101 Summer Camp After Care as indicated above. I understand that this form is only for the weeks listed. I also understand that I need a separate Camp Emergency Form, Camp Photo Release Form and Camp Health Form on file with CCP before the beginning of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_