iMAGiNATiON 101®
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 9 - 20

DATES	*WEEKLY AFTER CARE*	*DAILY AFTER CARE*	*IF DAILY, PLEASE LIST SPECIFIC DATES*	*TOTAL DUE*
7/9-7/14	$70.00/WEEK	$16.00/DAY		$
7/16-7/20	$70.00/WEEK	$16.00/DAY		$
			Total Due for After Care	$

AFTER CARE: Session #2 July 30 – August 10

DATES	*WEEKLY AFTER CARE*	*DAILY AFTER CARE*	*IF DAILY, PLEASE LIST SPECIFIC DATES*	*TOTAL DUE*
7/30-8/3	$70.00/WEEK	$16.00/DAY		$
8/6-8/10	$70.00/WEEK	$16.00/DAY		$
			Total Due for After Care	$

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: _____