

iMAGINATION 101[®] SUMMER ARTS CAMP AFTER CARE FORM



Charm City Players, Inc.
Office: 14613 Philpot Rd, Phoenix, MD 21131
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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 2019: _____ 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 8 – July 19

DATES	WEEKLY AFTER CARE	DAILY AFTER CARE	IF DAILY, PLEASE LIST SPECIFIC DATES	TOTAL DUE
7/8-7/12	\$100.00/WEEK	\$20.00/DAY		\$
7/15-7/17	\$60.00/WEEK	\$20.00/DAY		\$
No AC 7/18 or 19			Total Due for After Care	\$

AFTER CARE: Session #2 July 29 – August 9

DATES	WEEKLY AFTER CARE	DAILY AFTER CARE	IF DAILY, PLEASE LIST SPECIFIC DATES	TOTAL DUE
7/29-8/2	\$100.00/WEEK	\$20.00/DAY		\$
8/5-8/7	\$60.00/WEEK	\$20.00/DAY		\$
No AC 8/8 or 8/9			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: _____