



After-Care Activity Selection

Camper: _____ (M)ale or (F)emale: _____

Student ID Number: _____

Parent/Guardian #1 Name: _____

Day Phone #: _____ Cell Phone #: _____

Parent/Guardian #2 Name: _____

Day Phone #: _____ Cell Phone #: _____

Alternate person(s) allowed to pick up child: _____

Please select and number (1, 2, 3) **three** favorite activities your child would most enjoy participating in **each** week he/she is registered for After-Camp Care. **We will make every effort to schedule your child according to his/her first choice, but limited space is available in some activities.** NOTE: Swimming will be assigned on a rotational basis throughout the camp session to ensure that every child who is interested in this activity will have an equal opportunity to participate. **Please select carefully since we will be unable to accommodate schedule change requests.**

Session 1

Session 2

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Activity Selection
June 21-25	Jun 28- July 2	July 6-9*	July 12-16	July 19-23	July 26-30	Aug 2-6	Aug 9-13	
								Swim from 4-5:15pm, then go the (PE building) gym for outdoor activities until departure. NOTE: No early dismissal from the pool is permitted. Based on the popularity of this selection, if necessary spaces will be filled on a rotational basis throughout the four-week camp session. (Six-year-olds not eligible for this selection)
								Outdoor sports and games activities until departure.
								Movie selection changes daily, (CM building). NOTE: No early dismissal, please. Campers should remain until 5:45 p.m.
								Library summer reading fun for every grade.
								Board Games
								Computer Games individual and group challenges until 5:30 p.m. (Six-year-olds not eligible for this selection)

*No class July 5

This form must be returned with your camp registration