



SJV Summer Day Camp 2024 EXTEND CAMP CARE

Family LAST Name: _____

Address: _____ City/Zip: _____

Phone Number: _____

Number of Campers _____

Camper #1 _____ Age _____

Camper #2 _____ Age _____

Camper #3 _____ Age _____

Camper #4 _____ Age _____

Camper #5 _____ Age _____

COST

\$60 per week for first camper

\$30 each additional SIBLING

Covers 1pm to 5pm

Amount paid _____

***Please note and initial all campers MUST be picked up no later than 5pm**

FAMILY WILL BE CHARGED A LATE FEE OF \$2 PER MINUTE PER CAMPER: Initial _____

EMERGENCY CONTACT _____

Address: _____ Zip: _____

Hm. Ph. _____ Wk. Ph. _____ Cell Ph. _____

WEEKS:

Week 1** June 3rd-7th Week 2** June 10th-14th Week 3** June 17th-21st

Week 4** June 24th-28th

