

Somers Recreation Summer Day Camp

AFTER - CARE REGISTRATION FORM

After-Care is available daily from 2:30-4:30pm for
\$35/week payable in advance

MUST BE PAID IN ADVANCE WEEKLY

You **MUST** pre-register for After-Care to participate

*Week 2 is a 4 day week: Aftercare is \$28 for week 2

Camper Name: _____ Age: _____

Parent/Guardian: _____ 2:30-4:30pm contact# _____

Person/s Authorized to pick up: _____

Please circle Day/s registering for:

Week # 1: M T W Th F **Paid: _____**

Week # 2: T W Th F **Paid: _____**

Week # 3: M T W Th F **Paid: _____**

Week # 4: M T W Th F **Paid: _____**

Week # 5: M T W Th F **Paid: _____**

Week # 6: M T W Th F **Paid: _____**

Week # 7: M T W Th F **Paid: _____**

Week # 8: M T W Th F **Paid: _____**

Camp Office use only:

Total # of Weeks: _____ Total Amount Paid: \$ _____