Summer Sensations
11015 Old Columbia Road
Suite G-118
Columbia, MD 21046
410-997-8081 P
410-997-8082 F
www.summersensationscamp.com
summersensationscamp@yahoo.com

Before/After Care Registration Form

Please note: Before Care begins daily at 8:00 am and After Care ends promptly at 5pm. Campers picked up after 5pm will be charged $1/minute. Payment is due by or before the Monday of the week for which you are registering for care. Late fees will be applied to all unpaid balances. Before Care will be billed at a rate of $20/day. After Care will be billed at a rate of $30/day. If your child is registered for both, you will be billed at a rate of $45/day.

Camper Name: _____

Address: _____

Primary Parent/Guardian: _____

Home Address: _____

Phone Number:_____Alt Number: _____

Work Name/Address: _____

Authorized Pick-Ups: Permission is given for my child to be released from the program to the following individual, including the above stated parent/guardian. Driver's License or valid photo ID is required for authorized pick-up.

Name:_____Relationship:_____

Address: _____

Phone Number:_____Alt Phone:

_____

Emergency Contact:_____

Relationship: _____ Phone Number: _____

Please indicate the days you wish to enroll your camper in care. Please indicate before care (bc), after care (ac) or both.

Monday	Tuesday	Wednesday	Thursday	Friday
____bc	____bc	____bc	____bc	____bc
____ac	____ac	____ac	____ac	____ac
___both	___both	___both	__both	__both