

ABC Parents,

Please fill out the information below and return ASAP to ensure your space is reserved for camp.

Camp hours are 8am-12pm. The drop off period will be from 8-9. The daily schedule will include art, academics, and music. As well as playtime, storytime, and snack. There will also be some special fun summer activities.

Pick up is at 12pm. If you pick up at 12:11 you are considered late and will owe a \$10 fee.

Please do your best to be on time at pick up as well as drop off.

If you are interested in private violin lessons please email or text her molld@aol.com or 336-382-8224.

There are a limited number of spaces in each age group. We will start a waiting list once a certain class is full.

The following options will be available for the summer....

3 days per week (Tuesday, Wednesday and Thursday)

5 days per week

We will offer by the week and by the month.

On the registration page, please select the months or weeks you will attend as well as 3 days or 5 days.

Child's Name _____

May 29- June 1 (No Monday due to Memorial Day)

3 days \$70_____ or 4 days \$85_____

First Month (the following weeks are included) 3 days \$250_____ or 5 days\$340_____

- June 4-8 3 days \$80_____ or 5 days \$110 _____
- June 11-15 3 days \$80_____ or 5 days \$115 _____
- June 18-22 3 days \$80_____ or 5 day s\$115 _____
- June 25-29 3 days \$80_____ or 5 days \$115 _____

Second Month (the following weeks are included) 3 days \$250_____ or 5 days\$340_____

- July 2- July 6- (No Wednesday due to Independence Day)
3 days \$80_____ or 4 days \$100 _____
- July 9-13 3 days \$80_____ or 5 days \$115 _____
- July 16-20 3 days \$80_____ or 5 days \$115 _____
- July 23-27 3 days \$80_____ or 5 days \$115 _____

Third Month (the following weeks are included) 3 days \$250_____ or 5 days\$340_____

- July 30- August 3 3 days \$80_____ or 5 days \$115 _____
- August 6-10 3 days \$80_____ or 5 days \$115 _____
- August 13-17 3 days \$80_____ or 5 days \$115 _____
- August 20-24 3 days \$80_____ or 5 days \$115 _____

August 27- 31 3 days \$80_____ or 5 days \$115 _____

Child's Name _____

Child's Birthday _____

Any Allergies _____

Parents

Name _____ Best

Contact Number _____

Parents

Name _____ Best

Contact Number _____

Emergency Contact Name _____

Best Contact Phone _____

By signing here I commit my child to attend the checked weeks above. I understand if my child misses any days or if they do not attend I am still responsible for the payment for the week or month.
