

Summer Camp

Place: John Will Gym

Time: 6 A.M. until 6 P.M.

Date: June 05, 2017 – July 28, 2017

Registration Fee: \$15.00 (non-refundable)

Fee: \$70.00 Week

For information call:

KITTY COLEMAN - 455-4605

Child's Name _____

Parent's Name _____

Address _____

Phone # _____

Parent Signature: _____

Please return bottom portion and keep top for your records

JOHN WILL

Dear Parents,

Please be advised if your child(ren) attend the program one (1) day a week it is considered part time. Attending the program two (2) days or more is considered **full time**.

Part time fee is \$25.00 per day.

Full time regular fee is \$70.00 per week.

Late fee of \$10.00 is due after Tuesday of each week.

There will be a charge of \$1.00 per minute for pickup after 6:00 P.M.

Thank You,

Management

KITTY COLEMAN

251-455-4605

Parent Signature: _____

