



Park Day Camp

27500 Shaker Blvd.; Pepper Pike, Ohio 44124
(216) 371-2244 ext. 205 (summer only) Fax # (216) 321-0639

EXTENDED CAMP CARE

Camper's name: _____ Grade (as of 8/24): _____

Parents' names: _____ Home phone: _____

Mom's cell #: _____ Dad's cell #: _____

BEFORE CARE (7:30 – 9:00 am)

_____ 1-3 mornings each week (\$30)

_____ 4-5 mornings each week (\$46)

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

AFTER CARE (4:15 – 6:00 pm)

_____ 1-3 afternoons each week (\$30)

_____ 4-5 afternoons each week (\$46)

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

CAMP WEEKS

_____ **Week 1:** June 17 - 21

_____ **Week 3:** July 1-5 (no camp July 4)

_____ **Week 5:** July 15-19

_____ **Week 7:** July 29 - Aug 2

_____ **Week 2:** June 24-28

_____ **Week 4:** July 8 -12

_____ **Week 6:** July 22- 26

_____ **Week 8:** Aug 5 - 9

NO P.M. EXTENDED DAY on Tuesday, June 25th, Friday, July 12th or Friday, August 9th.

Please note:

- Make checks payable to **Park Synagogue**.
- Payment is due the **Friday before** each week extended camp care is used.
- **No drop-ins.**
- **A minimum payment of \$30.00 is required for each week.**
- An additional snack is provided each afternoon during extended day.
- Please call the camp if there are any changes to your schedule.
- **There are no refunds.**
- Adults authorized to pick up/drop off their child as indicated on the Authorized Pick Up form must sign their child in/out each day.
- Before care begins at **7:30 am**.
- Extended day ends at **6:00 pm**.
- No extended day on the last day of camp
- Extended day ends at 6:00 pm. There will be a \$10 charge for the first 5 minutes after 6:00 pm, plus \$1.00 charge for each minute after 5 minutes.



Extended Care - Authorized Pick-up

Adults that may be picking up their child from extended care should be listed, including parents. If someone is not originally on the list, written permission must be given to the office. All adults picking up will need to have photo identification.

I/We authorize pick-up of _____ by the following individuals from Extended Care at Park Day Camp on my/our behalf.

Person 1: _____

Relationship: _____ Phone Number: _____

Person 2: _____

Relationship: _____ Phone Number: _____

Person 3: _____

Relationship: _____ Phone Number: _____

Parent/Guardian 1 Signature

Date: _____

Parent/Guardian 2 Signature

Date: _____