

# SUMMER CAMP'10

## SUMMER EXTENDED CARE REGISTRATION

For Office Use Only:  
 Olami  
 Summer Quest  
 STI  
 Extended Care

**Morning & Afternoon Care for Camp Olami, Summer Quest, & STI For campers entering grades K-6. To register, choose the sessions that you need for each week below.**

Morning care is available from 7:30-9 am M-F.  
 Afternoon care is available from 4-6 pm on M-Th and from 4-5:30 pm on Fridays.

Make sure you mark your method of payment and sign the forms before you turn them in.  
 Campers must be registered for Camp Olami, Summer Quest, STI, Timberwolves/Lynx or Camp Invention and have this registration on file in order to attend the Summer Extended Care Program. Registrations will not be processed without payment.

Camper's Name	Birthdate	Entering Grade
Address		
1. Parent/Guardian Name		
Work Phone	Home Phone	Cell Phone
2. Parent/Guardian Name		
Work Phone	Home Phone	Cell Phone

### EXTENDED CARE WEEKLY RATES

**\$16 per week (premium member), \$18 (community member), \$21 per week (program participant)**  
**Late fee of \$10 if received after May 7, 2010.**

	<b>A.M.</b>	<b>P.M.</b>		<b>A.M.</b>	<b>P.M.</b>	Total Number of Extended Care Sessions: _____
June 14-18	<input type="checkbox"/>	<input type="checkbox"/>	July 19-23	<input type="checkbox"/>	<input type="checkbox"/>	Weekly Rate: <sup>X</sup> _____ (\$16 PM/\$18 CM/\$21 PP)
June 21-25	<input type="checkbox"/>	<input type="checkbox"/>	July 26-30	<input type="checkbox"/>	<input type="checkbox"/>	
June 28-July 2	<input type="checkbox"/>	<input type="checkbox"/>	August 2-6	<input type="checkbox"/>	<input type="checkbox"/>	Late Fee \$10 <sup>+</sup> _____ (if received after May 7, 2010)
July 6-10	<input type="checkbox"/>	<input type="checkbox"/>	August 9-13	<input type="checkbox"/>	<input type="checkbox"/>	
July 12-16	<input type="checkbox"/>	<input type="checkbox"/>	August 16-20	<input type="checkbox"/>	<input type="checkbox"/>	
						<b>TOTAL:</b> _____

### SELECT A METHOD OF PAYMENT

**I agree to pay my Total Summer Extended Care Pre-Paid Cost via:**

Attached check (Make checks payable to Sabes JCC)

Visa     MasterCard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

#### IMPORTANT: NOT REGISTERING FOR EXTENDED CARE?

**If you are late picking up your child from camp you will be charged \$16 (PM), \$18 (CM) or \$21 (PP) for the first late pick up that week and an additional fee of \$8 (PM), \$9 (CM) or \$10 (PP) for each additional late pick up within the same week.**

#### Return this form to Summer Extended Care at:

Sabes JCC  
 Jay & Rose Phillips Building  
 Barry Family Campus  
 4330 S. Cedar Lake Road  
 Minneapolis, MN 55416

**Or you can fax this form to:**  
 952.381.3401

#### QUESTIONS?

**Call**  
 952.381.3421

**Or e-mail**  
 summer@sabesjcc.org