

2024 CH Preschool Day Camp Registration Form Ages 3-5 yrs

Parent Portion:

Child Name _____

Parent Name _____

Parent Email _____

Parent Phone # _____

Choose Your Days:

4 days per week: M-Th

Mark C for your desired camp days 8:30am-11:30am

Mark L for your desired lunch hour days 11:30am-12:30pm

Rates: Camp = \$108/week, Lunch Hour = \$7/day

June 2024

MON	TUE	WED	THU	FRI
X	X	X	X	X
17	18	19	20	X
24	25	26	27	X

July 2024

MON	TUE	WED	THU	FRI
X	X	X	ABK CLOSED 	ABK CLOSED
8	9	10	11	X
15	16	17	18	X
22	23	24	25	X

August 2024

MON	TUE	WED	THU	FRI
29	30	31	1	X
5	6	7	8	X
12	13	14	15	X
19	20	21	22	X

Office Use Only:

Preschool Camp

Qty _____ weeks @ \$108/week = \$ _____

Lunch Hour

Qty _____ days x \$7/day = \$ _____

Total Camp + Lunch Hour \$ _____

PIF Discount 10% (ends 5/31/24) \$ _____

Subtotal \$ _____

**Annual Membership Fee
(Added to the deposit if applicable)** \$ _____

Grand Total: \$ _____

Payments Options:

Summer Camp will have two payment options. Please select your preferred option below:

Pay In Full: 1 payment (10% off if paid by 5/31/2024)

Due at the time of sign up \$ _____

Monthly Payments (Starting in June):
First Payment = 25% Deposit: \$ _____ + Member Fee \$30

And monthly installments \$ _____ each.

To register, turn in at the front desk or send form to:

customerservice@abkfun.com

For camp questions:

Miss. Shasta: ssummers@abkfun.com

***Annual registration fee due at the time of registration:
\$30 Individual/\$60 Family Registration Fee
Monthly installments start in June. Balances under \$200
must be paid in full.**