

W.A.S.P. 2011

Waterford Area Summer Program / Adventure Camp

Child(ren) Name	_____
Date of Birth	_____
Parent/Guardian	_____
Phone Number	_____
E-Mail Address	_____
Starting Date	_____

Please Read and Initial the following Summer Policies:

- ___ I understand that I will only be charged for the days my child is scheduled to attend.
- ___ I understand that I need to submit a weekly schedule to WASP and that schedule must be completed every Wednesday, otherwise, the spot will not be guaranteed and a Late Sign Up Fee will be applied. (Varied Forms will be available)
- ___ After a day is scheduled, I will be charged whether or not my child attends.
- ___ Weekly payment is due when I submit the weekly schedule.
- ___ Drop-in care can be scheduled in advance, If space is available... First come, First serve. Payment is due at time of service.

Summer Tuition:

\$30.00 per day / \$135.00 for the whole week

I have received the W.A.S.P. Policy Handbook and agree to its policies and procedures.

Parent/Guardian Signature _____

Date _____

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to W.A.S.P. |
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **June 13, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to WASP. |
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **June 27, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to W.A.S.P. |
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **June 20, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to WASP. |
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **July 4, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to W.A.S.P.
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **August 8, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to WASP.
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **August 22, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to W.A.S.P.
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **August 15, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Summer Varied Schedule

**MUST be turned in every Wednesday
(Payment is due with schedule)**

Please complete this form and return it to WASP.
Fill in the days your child will be attending
our Summer Camp for the next week.
(remember to indicate times)

**After a day is scheduled, you will be charged
whether your child is in attendance or not.**

CHILD'S NAME _____
WEEK OF **August 29, 2011**

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		